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| Fill in this information to identify your case: | | |
|---------------------------------------------------------------------------------|------------------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: Northern District of: Illinois (State) | | |
| Case number (if known) | Chapter you are filing under: Chapter 7 | |
| | Chapter 11 Chapter 12 Chapter 13 | Check if this is a amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself | | |
|---------------------------------------------------------------------|----------------------------|-----------------------------------------------|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| □ Your full name | Michelle | |
| | First name | First name |
| Write the name that is on | В | |
| your government-issued picture identification (for | Middle name | Middle name |
| example, your driver's | Massenburg | |
| license or passport | Last name | Last name |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| All other names you | | |
| have used in the last | First name | First name |
| 8 years | | |
| Include your married or | Middle name | Middle name |
| maiden names. | | |
| | Last name | Last name |
| | First name | First name |
| | Middle name | Middle name |
| | Last name | Last name |
| Only the last 4 digits of your Social | XXX - XX- 1340 | |
| Security number or federal Individual | OR | OR |
| Taxpayer Identification number | 9 xx - xx- | 9 xx - xx- |
| (ITIN) | | |

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| De | btor 1 Michelle First Name | B Massenburg Middle Name Last Name | Case number (if known) |
|----|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| | THOUTAME | Windle Name Last Name | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| | Any business names and Employer | I have not used any business names or EINs. | I have not used any business names or EINs. |
| | Identification Numbers (EIN) you have used in the last | Business name | Business name |
| | 8 years | Business name | Business name |
| | Include trade names and doing business as names | EIN | EIN |
| | | EIN | EIN |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 2112 W Washington Blvd, Apt C | |
| | | Number Street | Number Street |
| | | Chicago Illinois 60612 | |
| | | City State Zip Code | City State Zip Code |
| | | Cook | |
| | | County | County |
| | | If your mailing address is different from the one | If Debtor 2's mailing address is different from yours, |
| | | above, fill it in here. Note that the court will send any | fill it in here. Note that the court will send any notices to |
| | | notices to you at this mailing address. | this mailing address. |
| | | Number Street | Number Street |
| | | | |
| | | City State Zip Code | City State Zip Code |
| | Why you are choosing this district | Check one: | Check one: |
| | to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) | I have another reason. Explain. (See 28 U.S.C. §§ 1408.) |
| | | _ | _ |
| | | | |
| | | | - |
| | | | |
| | | | |
| | | | |
| | | | |

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| De | ebtor 1 Michelle | B Middle Name | Massenburg | | Case number (if kno | wn) | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| | First Name | | Last Name | | | | |
| Pa | rt 2: Tell the Court Abo | ut Your Bankruptcy | Case | | | | |
| 7. | The chapter of the Bankruptcy Code you are choosing to file under | | ef description of each, see 2010)). Also, go to the top of | | | c. § 342(b) for Individuals Filin priate box. | g for |
| 8. | How you will pay the fee | more details abort cashier's check, may pay with a command of the cashier's check, may pay with a command of the cashier's check, may pay with a command of the cashier cashie | out how you may pay. Typor money order. If your a credit card or check with a credit card or | cically, if you ttorney is seen pre-printer you choose allments (O ay request your fee, an ur family si | ou are paying the submitting your ed address. e this option, sig official Form 103 this option only d may do so onl ze and you are u | the clerk's office in your loe fee yourself, you may pay payment on your behalf, you nand attach the <i>Application</i> A). If you are filing for Chapter y if your income is less that anable to pay the fee in insection of the computer of the pay the fee was an about the computer of the pay the fee in insection of the computer of the pay the fee was an about the computer of the pay the fee was an about the computer of the pay the fee was an about the pay the fee was an about the pay the fee was an about the pay the fee was a payed to the payed the payed to the payed the payed the payed to the payed th | owith cash, our attorney on for er 7. By law, a an 150% of tallments). If |
| 9. | Have you filed for bankruptcy within the last 8 years? | ✓ No. Yes. District District District | | When When When | MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY | Case number Case number Case number | |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Ves. Debtor District Debtor District | | When | MM / DD / YYYY | Relationship to you Case number, if known Relationship to you Case number, if known | |
| 11. | Do you rent your residence? | ✓ No. Go | ndlord obtained an eviction to line 12. | | | ot You (Form 101A) and file it v | with |

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Debtor 1 Michelle Massenburg Case number (if known) First Name Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance Bankruptcy Code and sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are vou a small business debtor? I am not filing under Chapter 11. For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have ✓ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

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Debtor 1 Michelle Massenburg Case number (if known)

First Name Middle Name Last Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have ✓ I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. My physical disability causes me to Disability. My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for

waiver of credit counseling with the court.

waiver of credit counseling with the court.

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| Debtor 1 Michelle First Name | | ast Name | Case number (if known) | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| | estions for Reporting Purposes | | | |
| 16. What kind of debts do you have? | 16a. Are your debts primarily a "incurred by an individual No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily money for a business or in No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you | consumer debts? Con primarily for a personal business debts? Business debts? Business debts? | , family, or household ness debts are debts the ne operation of the bu | d purpose." hat you incurred to obtain usiness or investment. |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that fu | 7. Do you estimate that af | | ty is excluded and administrative creditors? |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | 1,000-5,000 5,001-10,000 10,001-25,00 | | 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$ \$10,000,001- \$50,000,001- \$100,000,000 | -\$50 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| 20. How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$ \$10,000,001- \$50,000,001- | -\$50 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| Part 7: Sign Below | | | | |
| For you | correct. | apter 7, I am aware that I understand the relief a d I did not pay or agree the ned and read the notice | I may proceed, if eligavailable under each conto pay someone who required by 11 U.S.C | is not an attorney to help me fill C. § 342(b). |
| | I understand making a false stat connection with a bankruptcy caboth. 18 U.S.C. §§ 152, 1341, 1 | ement, concealing prop ase can result in fines u | perty, or obtaining mo | |
| | /s/ Michelle Massenburg Signature of Debtor 1 | | Signature of Debt | tor 2 |
| | Executed on7/16/2018 | | Executed on _ | |
| | MM / DD | / YYYY | - | MM / DD / YYYY |

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| Debtor 1 Michelle | В | Massenburg | Case number (if | f known) |
|--------------------------------------------------|---------------------------|----------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------|
| First Name | Middle Name | Last Name | | |
| For your attorney, if you are represented by one | eligibility to proceed un | der Chapter 7, 11, 12, or | 13 of title 11, Unite | nave informed the debtor(s) about ad States Code, and have explained the also certify that I have delivered to the |
| If you are not | debtor(s) the notice requ | ired by 11 U.S.C. § 342 | (b) and, in a case in \ | which § 707(b)(4)(D) applies, certify that I |
| represented by an | have no knowledge afte | r an inquiry that the info | mation in the sched | dules filed with the petition is incorrect. |
| attorney, you do not | 44 | | | |
| need to file this page. | /s/ Mike Miller | | Date _ | 7/16/2018 |
| | Signature of Attorney | for Debtor | | MM / DD / YYYY |
| | | | | |
| | A 411 A 4111 | | | |
| | Mike Miller Printed name | | | |
| | Printed frame | | | |
| | Semrad Law Firm | | | |
| | Firm name | | | |
| | 20 S. Clark Street | | | |
| | Street | | | |
| | 28th Floor | | | |
| | | | | |
| | Chicago | II | linois | 60603 |
| | City | S | tate | Zip Code |
| | | | | |
| | Contact phone | 3122568728 | Email address | mmiller@semradlaw.com |
| | | | | |
| | Day and bear | | 01-1- | |
| | Bar number | | State | |

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| Fill in this infor | mation to identify your c | ase: | |
|---------------------------|---------------------------|-------------|----------------------|
| Debtor 1 | Michelle | В | Massenburg |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois |
| | | | (State) |
| Case number (If known) | | | |

| П | Check if this is an |
|---|---------------------|
| _ | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | Your assets Value of what you own |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| . Schedule A/B: Property (Official Form 106A/B) | \$0.00 |
| 1a. Copy line 55, Total real estate, from Schedule A/B | Ψ 0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$9,605.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$9,605.00 |
| art 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| . Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | \$13,177.00 |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | |
| . Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | \$0.00 |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$14,514.00 |
| Your total liabilities | \$27,691.00 |
| art 3: Summarize Your Income and Expenses | |
| I. Schedule I: Your Income (Official Form 106I) | |
| Total and the form to the total and to the total | \$2,550.77 |
| Copy your combined monthly income from line 12 of Schedule I | |
| Copy your combined monthly income from line 12 of Schedule I | \$2,225.00 |

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| Deb | otor 1 Michelle First Name | B Middle Name | Massenburg Last Name | Case number (if known) | |
|-------------|-----------------------------------------------------------|------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------|------------|
| Part | | | tive and Statistical Record | ds | |
| 6. A | are you filing for bankrupto | | | this form to the court with your other so | nhedules |
| [| Yes. | report on the part of the te | ones the box and oubline | and form to the opair wan your outer of | anodalico. |
| 7. V | Vhat kind of debt do you h | ave? | | | |
| [| | | umer debts are those incurred by Fill out lines 8-10 for statistical p | y an individual primarily for a personal, ourposes. 28 U.S.C. § 159. | |
| [| Your debts are not print this form to the court wi | | ou have nothing to report on thi | s part of the form. Check this box and su | ubmit |
| | From the Statement of Yo Form 122A-1 Line 11; OR, | | ne: Copy your total current mon orm 122C-1 Line 14. | thly income from Official | \$3,414.06 |
| 9. | Copy the following speci | al categories of claims fro | om Part 4, line 6 of Schedule | E/F: | |
| | From Part 4 on Schedule | E/F, copy the following: | | Total claim | |
| | 9a. Domestic support oblig | gations (Copy line 6a.) | | \$0.00 | |
| | 9b. Taxes and certain othe | r debts you owe the govern | ment. (Copy line 6b.) | \$0.00 | |
| | 9c. Claims for death or per | sonal injury while you were | intoxicated. (Copy line 6c.) | \$0.00 | |
| | 9d. Student loans. (Copy li | ine 6f.) | | \$0.00 | |
| | 9e. Obligations arising out priority claims. (Copy line 6 | | or divorce that you did not repor | t as \$0.00 | |
| | | · | similar debts. (Copy line 6h.) | \$0.00 | |

\$0.00

9g. **Total.** Add lines 9a through 9f.

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| Fill in this i | nformation to ide | ntify your case: | | | | | |
|--------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------|---------------------------------------------------------------------------------------|
| Debtor 1 | Michelle | В | | Massenburg | | | |
| | First Name | Middle | Name | Last Name | | | |
| Debtor 2 (Spouse, if fili | ng) First Name | Middle | Name | Last Name | | | |
| United Star | tes Bankruptcy Co | | | District of Illinois | | | |
| Case num | ber | | | (State) | | | |
| Officia | I Form 106 | SA/B | | | | | Check if this is an amended filing |
| Sched | dule A/B: | Property | | | | | 12/1 |
| In each car category w responsible write your | tegory, separatel here you think it e for supplying co name and case n | y list and describe items. L fits best. Be as complete a prect information. If more number (if known). Answer | and accu space is every que | set only once. If an asset fits in mor rate as possible. If two married peo needed, attach a separate sheet to estion. Other Real Estate You Own or H | ole are filing togethe this form. On the to | er, both ap of any | are equally |
| 1. Do you | own or have any | legal or equitable interest | in any re | sidence, building, land, or similar p | roperty? | | |
| ✓ | No. Go to Part 2 | | | | | | |
| | Yes. Where is the | property? | | | | | |
| 1.1 | Street address, if a | available, or other description | - Sin | s the property? Check all that apply. gle-family home plex or multi-unit building | the amount of | f any secu | claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property. |
| | | | | ndominium or cooperative | Current value | | Current value of the |
| | | | Ma | nufactured or mobile home | entire proper | .y: | portion you own? |
| | Number Stre | et . | _ La | | Doscribo the | naturo (| of your ownership |
| | | | | estment property neshare | interest (suc | h as fee | simple, tenancy by |
| | City | State Zip Code | | ner | the entireties | s, or a lif | e estate), if known. |
| | | | Who h | as an interest in the property? Chec | | | ommunity property |
| | | | | otor 1 only | Ш | | |
| | | | De | otor 2 only | | | |
| | | | De | otor 1 and Debtor 2 only | | | |
| | | | At | east one of the debtors and another | | | |
| | | | | information you wish to add about t ty identification number: | his item, such as lo | cal | |
| If you | own or have more | than one, list here: | | | | | |
| 1.2 | | | | s the property? Check all that apply. | | | claims or exemptions. Put ured claims on <i>Schedule D:</i> |
| 1.2 | Street address, if a | vailable, or other description | | gle-family home plex or multi-unit building | | | aims Secured by Property. |
| | | | | ndominium or cooperative | Current value | | Current value of the |
| | | | | nufactured or mobile home | entire proper | rty? | portion you own? |
| | | | La | | | | |
| | Number Stre | et | Inv | estment property | | | of your ownership simple, tenancy by |
| | Oit. | Otata Zin Carla | | neshare ner | • | | e estate), if known. |
| | City | State Zip Code | | | | | |
| | | | Who hone. | as an interest in the property? Chec | | | ommunity property |
| | | | De | otor 1 only | | | |
| | | | | otor 2 only | | | |
| | | | | otor 1 and Debtor 2 only | | | |
| | | | At | east one of the debtors and another | | | |
| | | | | information you wish to add about t ty identification number: | his item, such as lo | cal | |

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| Debtor 1 | Michelle First Name | B Middle Name | Massenburg Last Name | Case numbe | r (if known) | |
|-----------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 1.3 Stree | et address, if available, or ot | | What is the property? Check all that Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | apply. | the amount of any secu | claims or exemptions. Put red claims on Schedule D: ims Secured by Property. Current value of the portion you own? |
| Num | ber Street State | Zip Code | Land Investment property Timeshare Other | | Describe the nature of interest (such as fee s the entireties, or a life | imple, tenancy by |
| | | | Who has an interest in the property Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and an Other information you wish to add | other | Check if this is co (see instructions) | mmunity property |
| | the dollar value of the pove attached for Part 1. W | rtion you own for rite that number h | all of your entries from Part 1, includere. | uding any entrie | s for pages | |
| Do you ow you own th 3. Cars, var | | equitable interes you lease a vehicle, | t in any vehicles, whether they are also report it on Schedule G: Executo cycles | - | - | |
| ☐ No ✓ Yes | • | | | | | |
| | Make Model: | Hyundai Accent Sedan | Who has an interest in the proone. Debtor 1 only | perty? Check | the amount of any secu | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property. |
| | Year: Approximate mileage: Other information: 2014 Hyundai Accent Sed | 2014 90000 an | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar | | Current value of the entire property? \$6675.00 | Current value of the portion you own? \$6675.00 |
| 3.2 | Make Model: Year: | | instructions) Who has an interest in the proone. Debtor 1 only | | the amount of any secu | claims or exemptions. Put ured claims on Schedule D: nims Secured by Property. |
| | Approximate mileage: Other information: | | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors ar | | Current value of the entire property? | Current value of the portion you own? |

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| btor 1 | Michelle First Name | B Middle Name | Massenburg Last Name | Case number | er (if known) | |
|--------|----------------------------|--------------------------|------------------------------------------|---------------------|---------------------------------------|--------------------------------------------------------------|
| 0.0 | | Wildule Name | | | D | -1-' D |
| 3.3 | Make Model: | | Who has an interest in the pone. | property? Check | | claims or exemptions. Pured claims on <i>Schedule</i> |
| | Year: | | Debtor 1 only | | - | aims Secured by Property |
| | Approximate mileage: | | = | | | |
| | | | Debtor 2 only | | Current value of the entire property? | Current value of the portion you own? |
| | Other information: | | Debtor 1 and Debtor 2 on | | entire property: | portion you own: |
| | | | At least one of the debtors | and another | | |
| | | | Check if this is commun instructions) | ity property (see | | |
| 3.4 | Make | | Who has an interest in the p | property? Check | | claims or exemptions. Pu |
| | Model: | | one. | | | ured claims on <i>Schedule</i> a aims Secured by Property |
| | Year: Approximate mileage: | | Debtor 1 only | | Oreanors who have on | ums decured by Froperty |
| | Approximate mileage. | | Debtor 2 only | | Current value of the | Current value of the |
| | Other information: | Debtor 1 and Debtor 2 on | ly | entire property? | portion you own? | |
| | | | At least one of the debtors | and another | | |
| | | | Check if this is communing instructions) | ity property (see | | |
| 4.1 | | | Who has an interest in the p | property? Check | | claims or exemptions. Pr |
| | Model: Year: | | one. | | | ured claims on Schedule a aims Secured by Property |
| | Approximate mileage: | | Debtor 1 only | | Creations with thave on | amo occured by Property |
| | Approximate mileage. | | Debtor 2 only | | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 on | ly | entire property? | portion you own? |
| | | | At least one of the debtors | and another | | |
| | | | Check if this is commun instructions) | ity property (see | | |
| 4.2 | | | Who has an interest in the p | property? Check | | claims or exemptions. Pu |
| | Model: | | one. | | - | ured claims on <i>Schedule</i> a aims Secured by Property |
| | Year: | | Debtor 1 only | | Creditors Will Have Cia | ains secured by Froperty |
| | Approximate mileage: | | Debtor 2 only | | Current value of the | Current value of the |
| | Other information: | | Debtor 1 and Debtor 2 on | ly | entire property? | portion you own? |
| | | | At least one of the debtors | and another | | - |
| | | | Check if this is communing instructions) | ity property (see | | |
| 5. Add | the dollar value of the po | ortion you own for all | of your entries from Part 2, in | ncluding any entrie | es for pages | 675.00 |
| vou ha | ve attached for Part 2. W | rite that number her | e | | <u>\$0</u> | 675.00 |

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Debtor 1 Michelle Massenburg Case number (if known) First Name Middle Name Last Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... Used Furniture \$700.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Used Electronics - 2 TV's, 1 laptop, 1 Cell Phone Yes. Describe... \$800.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... **Used Clothing** \$360.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Misc Jewelry \$30.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **✓** No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2490.00 for Part 3. Write that number here

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Debtor 1 Michelle Massenburg Case number (if known) First Name Middle Name Last Name **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes Cash: 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$40.00 17.1. Checking account: Bank of America 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ◪ No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

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| Deb | for 1 Michelle First Name | Middle Name | Last Name | Case number (if known) | |
|-----|--------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------|----------|
| 20. | Government and corpo Negotiable instruments i | prate bonds and other negotiab include personal checks, cashiers' ents are those you cannot transfer | ole and non-negotiable ins checks, promissory notes, a | and money orders. | |
| | ✓ No Yes. Give specific information about them | Issuer name: | | | |
| 21. | Retirement or pension | | | | |
| | Examples: Interests in IF | RA, ERISA, Keogh, 401(k), 403(b) | , thrift savings accounts, or | other pension or profit-sharing plans | |
| | ✓ Yes. List each | Type of account: | Institution name: | | |
| | account separately. | 401(k) or similar plan: | 401K through employer | | \$400.00 |
| | | Pension plan: | | | |
| | | IRA: | | | |
| | | Retirement account: Keogh: | | | |
| | | Additional account: | | | _ |
| | | Additional account: | | | _ |
| 22. | | prepayments I deposits you have made so that with landlords, prepaid rent, public | | | |
| | Yes | Electric: | | | - |
| | | Gas: | | | |
| | | Heating oil: | | | _ |
| | | Security deposit on rental unit: | | | |
| | | Prepaid rent: | | | - |
| | | Telephone: Water: | | | _ |
| | | Rented furniture: | | | |
| | | Other: | | | |
| 23. | Annuities (A contract fo | r a periodic payment of money to | you, either for life or for a nu | umber of years) | |
| | ✓ No Yes | Issuer name and description: | | | |
| | | | | | |
| | | , | | | |

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| Debte | or 1 Michelle | В | Massenburg | Case number (if known) | |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| 24. | | | Last Name in a qualified ABLE program, or unde | r a qualified state tuition program. | |
| | |)(1), 529A(b), and 529(b)(1). | | | |
| | ✓ No Instit | ution name and description. | Separately file the records of any interest | s.11 U.S.C. § 521(c): | |
| | | | | | |
| | | | | | |
| 25. | Trusts, equitable of exercisable for you | | rty (other than anything listed in line | 1), and rights or powers | |
| | ✓ No Yes. Describe | | | | |
| | | | | | |
| 26. | | | ets, and other intellectual property acceds from royalties and licensing agree | ments | |
| | No No | iomain names, websites, pro | noceds from royalides and flocinging agree | monto | |
| | Yes. Describe | | | | |
| 27. | Licenses franchis | es, and other general intan | ngibles | | |
| | | | ooperative association holdings, liquor li | censes, professional licenses | |
| | ✓ No Yes. Describe | | | | |
| | <u> </u> | | | | |
| | | | | | |
| Mon | ey or property ov | ved to you? | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ney or property ov | | | | portion you own? Do not deduct secured |
| | | o you | | Federal: | portion you own? Do not deduct secured |
| | Tax refunds owed to No Yes. Give specification about them | o you | | Federal: State: | portion you own? Do not deduct secured claims or exemptions. |
| | Tax refunds owed to No Yes. Give specifi about them you already | o you c information n, including whether | | | portion you own? Do not deduct secured claims or exemptions. |
| 28. | Tax refunds owed to No Yes. Give specifi about them you already and the tax Family support | c information n, including whether of filed the returns a years | al support, child support, maintenance, « | State: Local: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to No Yes. Give specification about them you already and the tax Family support Examples: Past due of | c information n, including whether of filed the returns a years | al support, child support, maintenance, o | State: Local: divorce settlement, property settlemen | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to No Yes. Give specification about them you already and the tax Family support Examples: Past due of | c information n, including whether of filed the returns a years | al support, child support, maintenance, d | State: Local: divorce settlement, property settlemen Alimony: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 |
| 28. | Tax refunds owed to No Yes. Give specification about them you already and the tax Family support Examples: Past due of | c information n, including whether of filed the returns a years | al support, child support, maintenance, d | State: Local: divorce settlement, property settlemen | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 |
| 28. | Tax refunds owed to No Yes. Give specification about them you already and the tax Family support Examples: Past due of | c information n, including whether of filed the returns a years | al support, child support, maintenance, d | State: Local: divorce settlement, property settlemen Alimony: Maintenance: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 |
| 28. | Tax refunds owed to No Yes. Give specification about them you already and the tax Family support Examples: Past due of | c information n, including whether of filed the returns a years | al support, child support, maintenance, d | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: | portion you own? Do not deduct secured claims or exemptions. \$0.00 \$0.00 \$0.00 t \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owed to No Yes. Give specification about them you already and the tax Family support Examples: Past due of No Yes. Give specification of the part of | c information n, including whether of filed the returns or lump sum alimony, spouse c information | al support, child support, maintenance, d | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owed to No Yes. Give specification them you already and the tax Family support Examples: Past due of No Yes. Give specification Other amounts som Examples: Unpaid was Social Sec | c information n, including whether of filed the returns or lump sum alimony, spouse c information | ments, disability benefits, sick pay, vacat | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |
| 29. | Tax refunds owed to No Yes. Give specification about them you already and the tax Family support Examples: Past due of Yes. Give specification Other amounts som Examples: Unpaid was | c information n, including whether of filed the returns a years | ments, disability benefits, sick pay, vacat | State: Local: divorce settlement, property settlement Alimony: Maintenance: Support: Divorce settlement: Property settlement: | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 |

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| Deb ⁻ | tor 1 Michelle | В | Massenburg | Case number (if known) | |
|------------------|---------------------------------------------------|-------------------------|-------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------|
| | First Name | Middle Name | Last Name | | |
| 31. | Interests in insurance Examples: Health, disab | | Ith savings account (HSA); credit, hor | neowner's, or renter's insurance | |
| | Yes. Name the insure of each policy and | | Company name: | Beneficiary: | Surrender or refund value: |
| | | | | | |
| 32. | | | someone who has died proceeds from a life insurance policy, | or are currently entitled to receive | |
| | No Yes. Describe | | | | |
| 33. | | | rou have filed a lawsuit or made a rance claims, or rights to sue | demand for payment | |
| | ✓ No Yes. Describe | | | | |
| 34. | Other contingent and to set off claims | unliquidated claims of | every nature, including countercla | aims of the debtor and rights | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| 35. | Any financial assets y | ou did not already list | | | |
| | Yes. Describe | | | | |
| | | | | | |
| 36. | | • | n Part 4, including any entries for | . • | \$440.00 |
| | | | | | _ L |
| Part | 5: Describe Any B | usiness-Related Pro | perty You Own or Have an Int | erest In. List any real estate in Part 1 | I_ |
| 37. | | | erest in any business-related prop | | · |
| | No. Go to Part 6. | | , , , , p. op | • | rrent value of the |
| | Yes. Go to line 38. | | | Do | rtion you own? not deduct secured claims exemptions |
| 38. | Accounts receivable | or commissions you alre | ady earned | | |
| | No Yes. Describe | | | | |
| 39. | Office equipment, furn Examples: Business-rela | | modems, printers, copiers, fax mack | nines, rugs, telephones, desks, chairs, electro | nic devices |
| | No Yes. Describe | | | | |
| | - | | | | |

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| Deb | tor 1 Michelle | В | Massenburg | Case number (if known) | |
|----------|--------------------------------|------------------------------------------------------|-----------------------------------------|-------------------------------|---------------------------------------|
| | First Name | Middle Name | Last Name | _ | |
| 40. | Machinery, fixtures, e | equipment, supplies you | use in business, and tools of your to | rade | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| | | | | | |
| 41. | Inventory | | | | |
| | ✓ No | | | | |
| | Yes. Describe | | | | |
| | ш | | | | |
| | | | | | |
| 42. | Interests in partnersh | nips or joint ventures | | | |
| | ✓ No | | | | |
| | Yes. Give specific | | Name of entity: | % of ownership: | |
| | information about | | | | |
| | them | | | | |
| | | | | | _ |
| | | | | | |
| 43. | Customer lists, mailing | g lists, or other compilat | tions | | |
| | — | ,, | | | |
| | ✓ No | | | | |
| | Yes. Do your lists | include personally identifia | ble information (as defined in 11 U.S.C | J. § 101(41A))? | |
| | ☐ No | | | | |
| | Yes. Desc | cribe | | | |
| | 100. 5000 | | | | |
| 44. | Any business-related | property you did not all | ready list | | |
| | No. | | | | |
| | No | | | | |
| | Yes. Give specific information | | | | |
| | information | | | | |
| | | | | | <u> </u> |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | <u> </u> |
| | | | | | |
| 45. A | dd the dollar value of | all of your entries from F | Part 5, including any entries for pag | es you have attached | |
| | | | | - | |
| <u> </u> | Deceribe Any F | | al Fishing Dalated Dyensuty Va | O ou House ou Intercet In | |
| Part | If you own or have a | arm- and Commerci n interest in farmland, list it | al Fishing-Related Property Yo | u Own or have an interest in. | |
| | | | | | |
| 46. | Do you own or have a | any legal or equitable in | terest in any farm- or commercial fi | shing-related property? | |
| | No. Go to Part 7. | | | | Current value of the portion you own? |
| | Yes. Go to line 47 | | | | Do not deduct secured claims |
| | | | | | or exemptions |
| 47. | Farm animals | | | | |
| | Examples: Livestock, p | oultry, farm-raised fish | | | |
| | √ No | | | | |
| | Yes. Describe | | | | |
| | | | | | |
| | | | | | |

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| Debto | | Michelle First Name | | lassenburg ast Name | Case number (if known) | |
|----------------|----------|--------------------------|-----------------------------------------|------------------------|------------------------------|-------------|
| 48. | Cro | ps-either growing o | r harvested | | | |
| | ✓ | No | | | | |
| | | Yes. Describe | | | | |
| | - | L | | | | |
| 49. | Far | m and fishing equip | ment, implements, machinery, fixture | s, and tools of trade | | |
| | | No Yes. Describe | | | | |
| | Ш | res. Describe | | | | |
| 50 | Far | m and fishing suppli | ies, chemicals, and feed | | | |
| | | No | , | | | |
| | Ĭ | Yes. Describe | | | | |
| | | | | | | |
| 51. | Any | farm- and commer | cial fishing-related property you did n | ot already list | | |
| | ✓ | No | | | | |
| | | Yes. Describe | | | | |
| | - | | | | | |
| | | | of your entries from Part 6, including | | ou have attached | |
| > | | write that humber | nere | | | |
| | | | | | | |
| Part 7 | ·. | Describe All Prop | perty You Own or Have an Intere | st in That You Did Not | t List Above | |
| 53. | Do y | you have other prop | erty of any kind you did not already li | | | |
| | | | s, country club membership | | | |
| | | No Yes. Give specific | | | | |
| | ш | information | | | | |
| | | | | | | |
| 54. Ad | ld th | ne dollar value of all | of your entries from Part 7. Write tha | t number here | | • |
| | | io dellar varao er all | or your onerioo nom rare ri witto tha | | | |
| | | | | | | |
| | | | | | | |
| D | | l istale a Tatala of | Fools Doub of this Forms | | | |
| Part 8 | 5: | List the Totals of | Each Part of this Form | | | |
| 55. P | art | 1: Total real estate, | line 2 | | > | |
| 56. p | art : | 2 total vehicles, line | e 5 | \$6675.00 | | |
| 57. P a | art 3 | 3: Total personal and | d household items, line 15 | \$2490.00 | | |
| 58. P a | art 4 | l: Total financial ass | sets, line 36 | \$440.00 | | |
| 59. P | art | 5: Total business-re | lated property, line 45 | ψ++0.00 | | |
| 60. P | art | 6: Total farm- and fi | shing-related property, line 52 | | | |
| 61. P | art | 7: Total other prope | erty not listed, line 54 | | | |
| 62. T | otal | personal property. | Add lines 56 through 61 | \$9605.00 | | + \$9605.00 |
| | | | | \$5000.00 | Copy personal property total | 1 43003.00 |
| | | | | | | \$9605.00 |
| 63. Tc | otal | of all property on So | chedule A/B. Add line 55 + line 62 | | | |

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| Debtor 1 | Michelle | В | Massenburg | Case number (if known) | |
|----------|------------|-------------|------------|------------------------|--|
| | First Name | Middle Name | Last Name | | |

Schedule A/B: Property. Additional page

| Part 3: Describe Your Personal and Household Items | | | | | | |
|----------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------|--|--|--|--|
| Do you own or ha | ve any legal or equitable interest in any of the following items? | Current value of the portion you own? Do not deduct secured claims or exemptions. | | | | |
| 6.2. Household goo | ds and furnishings | | | | | |
| No | | | | | | |
| Yes. Describe | Living Room Set w end tables and area rug | \$600.00 | | | | |

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| | | | Check if this is an |
|--------------------------|------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------|
| | | (Stato) | - Cheal if this is an |
| kruptcy Court for the: N | orthern | District of Illinois (State) | - |
| First Name | Middle Name | Last Name | - |
| irst Name | Middle Name | Last Name | - |
| | fichelle irst Name irst Name | irst Name Middle Name irst Name Middle Name | Michelle B Massenburg irst Name Middle Name Last Name irst Name Middle Name Last Name |

of any additional pages, write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to

the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pal | t 1: Identify the Property You Claim | as Exempt | | | | | | |
|-----|-----------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------|--|--|--|--|
| 1. | . Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | | |
| | You are claiming state and federal n | onbankruptcy exemp | otions. 11 U.S.C. § 522(b)(3) | | | | | |
| | You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) | | | | | | | |
| 2. | For any property you list on Schedule A/ | B that you claim as e | xempt, fill in the information below. | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption | | | | |
| | | Copy the value from Schedule A/B | | | | | | |
| | Brief description: Used Clothing | \$360.00 | \$360.00 | 735 ILCS 5/12-1001(a) | | | | |
| | Line from Schedule A/B: 11 | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Brief | \$40.00 | | 735 ILCS 5/12-1001(b) | | | | |
| | description: Checking account, Bank | <u> </u> | \$40.00 | _ | | | | |
| | of America | | 100% of fair market value, up to any | | | | | |
| | Line from Schedule A/B: 17 | | applicable statutory limit | | | | | |
| 3. | ✓ No | ry 3 years after that for o | 375? cases filed on or after the date of adjustment.) rithin 1,215 days before you filed this case? | | | | | |

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Debtor 1 Michelle B Massenburg Case number (if known)
First Name Middle Name Last Name

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------|
| | Copy the value from Schedule A/B | | |
| Brief description: Hyundai Accent Sedan , 2014, 2014 Hyundai Accent Sedan | \$6,675.00 | \$0 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c); 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 03 | | | |
| Brief description: Used Furniture | \$700.00 | \$700.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 06 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Used Electronics - 2 TV's, 1 laptop, 1 Cell Phone | \$800.00 | \$800.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 07 | | | |
| Brief description: 401(k) or similar plan, 401K through employer | \$400.00 | \$400.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1006 |
| Line from Schedule A/B: 21 | | | |
| Brief description: Misc Jewelry Line from Schedule A/B: 12 | \$30.00 | \$30.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Brief description: Living Room Set w end tables and area rug | \$600.00 | \$0 100% of fair market value, up to any | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 06 | | applicable statutory limit | |

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| Fill in | this information to identify your car | se: | | | | |
|------------------|-----------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------|--------------------------------------|
| Debto | or 1 Michelle | В | Massenburg | | | |
| 20010 | First Name | Middle Name | Last Name | | | |
| Debto | | Mistalla Nassa | Lost Nome | | | |
| | Thot Name | Middle Name | Last Name | | | |
| United | d States Bankruptcy Court for the: | Northern | District of Illinois(State) | | | |
| Case (If know | number vn) | | | | | |
| Off | icial Form 106D | | | | | Check if this is a amended filing |
| Scl | hedule D: Credito | ors Who Hav | ve Claims Secure | ed by Prop | ertv | 12/1 |
| Be as more s | complete and accurate as possib | le. If two married people | e are filing together, both are equal ber the entries, and attach it to t | ally responsible for s | upplying correct info | |
| 1. | Do any creditors have claims se | ecured by your propert | y? | | | |
| ſ | No. Check this box and subm | nit this form to the court w | ith your other schedules. You hav | e nothing else to rep | ort on this form. | |
| į | Yes. Fill in all of the information | n below. | | | | |
| Part | 1: List All Secured Claims | | | | | |
| 2. | List all secured claims. If a credit | | | Column A | Column B | Column C |
| | separately for each claim. If more the in Part 2. As much as possible, list name. | • | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 | PRESTIGE FNL | Describe the property | that secures the claim: | \$12,577.00 | \$6,675.00 | \$5,902.00 |
| | Creditor's Name 1420 S. 500 W | Hyundai Accent Sedan | | | | |
| | Number Street | | the claim is: Check all that apply. | | | |
| | | Contingent | | | | |
| | SALT LAKE CITY UT 84115 | Unliquidated | | | | |
| | City State ZIP Code Who owes the debt? Check one. | Disputed | | | | |
| | ✓ Debtor 1 only | Nature of lien. Check a | ll that apply. | | | |
| | Debtor 2 only | An agreement you n car loan) | nade (such as mortgage or secured | | | |
| | Debtor 1 and Debtor 2 only At least one of the debtors | Statutory lien (such | as tax lien, mechanic's lien) | | | |
| | and another | Judgment lien from | a lawsuit | | | |
| | Check if this claim relates | Other (including a rig | ght to offset) | | | |
| | to a community debt Date debt was 12/2015 incurred | Last 4 digits of accoun | nt number2899 | | | |
| 2.2 | Progressive Leasing | Describe the property | that secures the claim: | \$600.00 | \$600.00 | \$0.00 |
| _ | Creditor's Name 256 W Data Dr | | tables and area rug Value: | | | · |
| | Number Street | \$600.00 | 0 1 | | | |
| | | | the claim is: Check all that apply. | | | |
| | Draper UT 84020 | Contingent | | | | |
| | City State ZIP Code Who owes the debt? Check one. | Unliquidated | | | | |
| | Debtor 1 only | Disputed | | | | |
| | Debtor 2 only | Nature of lien. Check a | ll that apply. | | | |
| | Debtor 1 and Debtor 2 only | An agreement you n car loan) | nade (such as mortgage or secured | | | |
| | At least one of the debtors and another | | as tax lien, mechanic's lien) | | | |
| | Check if this claim relates | Judgment lien from | | | | |
| | to a community debt Date debt was incurred | Other (including a rig | , | | | |
| | | Last 4 digits of accoun | | h 40 477 00 | | |
| | Add the dollar value of y here: | our entries in Column A | on this page. Write that number | \$13,177.00 | | |

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| Fill | n this inforr | nation to identify your c | ase: | | | | | |
|----------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------|--------------------------------------------------|
| Deb | otor 1 | Michelle | В | Massenburg | | | | |
| D.1 | 10 | First Name | Middle Name | Last Name | | | | |
| | otor 2 use, if filing) | First Name | Middle Name | Last Name | | | | |
| l | | | | | | | | |
| Unit | ted States B | ankruptcy Court for the: | Northern | District of Illinois (State) | | | | |
| | e number | | | (Otato) | | | | |
| (If kno | | | | | | | | |
| Off | ficial Fo | orm 106E/F | | | | Che | ick if this is an | amended filing |
| Sc | hedu | le E/F: Cre | ditors Who | Have Unse | cured Claims | | | 12/15 |
| othe Form clain the e knov | r party to a n 106A/B) a ns that are entries in tl vn). | nny executory contracts and on Schedule G: Exe listed in Schedule D: C ne boxes on the left. At | s or unexpired leases that cutory Contracts and Und reditors Who Hold Claims | t could result in a claim. expired Leases (Official s Secured by Property. It | ns and Part 2 for creditors wit Also list executory contracts Form 106G). Do not include a more space is needed, copy top of any additional pages, v | on Scheduny creditor the Part yo | ule A/B: Prop s with partia ou need, fill i | perty (Official ally secured t out, number |
| 1. | - | editors have priority un Go to Part 2. | secured claims against y | /ou? | | | | |
| 2. | listed, iden As much a Continuati | itify what type of claim it it as possible, list the claims on Page of Part 1. If more | is. If a claim has both priori | ty and nonpriority amount ding to the creditor's nam- particular claim, list the otl | | ooth priority | and nonprio | rity amounts. |
| | | | | | | Total | Priority | Nonpriority |

claim

amount

amount

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Debtor 1 Michelle B Massenburg Case number (if known) First Name Middle Name Last Name Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. ◪ Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of Part 2. **Total claim** Brothers Loan and Finance 4.1 \$1,500.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 7621 63rd St, Summit Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Summit Argo 60501 Illinois Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify ____ Payday Loan Is the claim subject to offset? No Yes City of Chicago - Parking and red Light Tickets \$4,100.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? Department of Revenue - PO Box 88292 Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago 60680 Illinois Disputed City State Zip Code Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only $\overline{}$ Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Tickets Is the claim subject to offset? **✓** No Yes 4.3 ComEd \$600.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 3 Lincoln Center n/a Street Number As of the date you file, the claim is: Check all that apply. Bankruptcy Section Contingent Unliquidated Oakbrook Terrace 60181 Illinois City Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: $\overline{\mathbf{A}}$ Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify _ Unsecured Is the claim subject to offset? Official Yes 106E/F Schedule E/F: Creditors Who Have Unsecured Claims page 2

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Debtor 1 Michelle B Massenburg Case number (if known)
First Name Middle Name Last Name

| Part 2 | Your NONPRIORITY Unsecured Claims - Continuation | Page | |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| | After listing any entries on this page, number them beginning with | n 4.5, followed by 4.6, and so forth. | Total claim |
| 4.4 | CREDENCE RESOURCE MANA Nonpriority Creditor's Name 17000 DALLAS PKWY STE 20 Number Street | Last 4 digits of account number 3531 When was the debt incurred? 2/2016 As of the date you file, the claim is: Check all that apply. | \$607.00 |
| | DALLAS Texas 75248 City State Zip Code Who incurred the debt? Check one. ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? ✓ No Yes | Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 001 Collection; Collecting for ORIGINAL CREDITOR: ATT Other. Specify MOBILITY | |
| 4.5 | ENHANCED RECOVERY CO L Nonpriority Creditor's Name 8014 BAYBERRY RD Number Street JACKSONVILLE Florida 32256 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? Yes | Heat 4 digits of account number 7323 When was the debt incurred? 1/2016 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 001 Collection; Collecting for Other. Specify ORIGINAL CREDITOR: SPRINT | \$1,474.00 |
| 4.6 | ENHANCED RECOVERY CO L Nonpriority Creditor's Name 8014 BAYBERRY RD Number Street JACKSONVILLE Florida 32256 City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? Yes | When was the debt incurred? 8/2017 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts O11 Collection; Collecting for Other. Specify ORIGINAL CREDITOR: TMOBILE | \$665.00 |

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Debtor 1 Michelle B Massenburg Case number (if known)
First Name Middle Name Last Name

| Part 2 | art 2: Your NONPRIORITY Unsecured Claims - Continuation Page | | | | | |
|--------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------|--|--|--|
| | After listing any entries on this page, number them beginning wi | th 4.5, followed by 4.6, and so forth. | Total claim | | | |
| 4.7 | HARVARD COLLECTION SER | Last 4 digits of account number 9823 | \$2,368.00 | | | |
| | Nonpriority Creditor's Name 4839 ELSTON AVE | When was the debt incurred? 5/2018 | | | | |
| | Number Street | As of the date you file, the claim is: Check all that apply. Contingent | | | | |
| | CHICAGO Illinois 60630 | Unliquidated | | | | |
| | City State Zip Code Who incurred the debt? Check one. | Disputed | | | | |
| | Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 2 only | <u></u> | | | | |
| | Debtor 1 and Debtor 2 only | Student loans | | | | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | Check if this claim relates to a community debt | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Is the claim subject to offset? | ✓ 001 Collection; Collecting for | | | | |
| | ✓ No | ORIGINAL CREDITOR: IL DEPARTMENT OF HUMAN | | | | |
| | Yes | Other. Specify SERVICE | | | | |
| 4.8 | IL Lending Corp | Last 4 digits of account number | \$800.00 | | | |
| | Nonpriority Creditor's Name 813 E Rollins Rd | When was the debt incurred? n/a | | | | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | | | | |
| | | Contingent | | | | |
| | Round Lk Bch Illinois 60073 | Unliquidated | | | | |
| | City State Zip Code | Disputed | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 2 only | Student loans | | | | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Check if this claim relates to a community debt | Other. Specify Payday Loan | | | | |
| | Is the claim subject to offset? | | | | | |
| | ✓ No | | | | | |
| | Yes | | | | | |
| 4.9 | Peoples Gas | Last 4 digits of account number | \$700.00 | | | |
| | Nonpriority Creditor's Name 200 E. Randolph | When was the debt incurred?n/a | | | | |
| | Number Street | As of the date you file, the claim is: Check all that apply. | | | | |
| | | Contingent | | | | |
| | Chicago Illinois 60601 | Unliquidated | | | | |
| | Chicago Illinois 60601 City State Zip Code | Disputed | | | | |
| | Who incurred the debt? Check one. Debtor 1 only | Type of NONPRIORITY unsecured claim: | | | | |
| | Debtor 2 only | Student loans | | | | |
| | Debtor 1 and Debtor 2 only | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | At least one of the debtors and another | Debts to pension or profit-sharing plans, and other similar | | | | |
| | Check if this claim relates to a community debt | debts | | | | |
| | Is the claim subject to offset? | ✓ Otner. Specify | | | | |
| | ✓ No | | | | | |
| | Yes | | | | | |

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Debtor 1 Michelle Massenburg Case number (if known) First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 Rush Hospital \$700.00 Last 4 digits of account number Nonpriority Creditor's Name 1700 W Van Buren # 161 When was the debt incurred? Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60612 Illinois Chicago City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify _ Medical Is the claim subject to offset? No $\overline{}$ Yes **UIC Medical Center** \$1,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 1122 Paysphere Cir As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60674 State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Medical

Is the claim subject to offset?

✓ No Yes Case 18-19788 Doc 1 Filed 07/16/18 Entered 07/16/18 11:26:21 Desc Main Document Page 29 of 77

| Debto | r 1 Michelle First Name | | B Middle Name | Massenburg Last Name | Case n | umber (if known) | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------|------------------|---------------------------------|------------------------------------------------------------------------|-----------------------------------------------------|--|--|--|--|
| Part 3 | art 3: List Others to Be Notified About a Debt That You Already Listed | | | | | | | | | |
| 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For examp collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. | | | | | | | | | | |
| _ | rnold Scott Harris | | | On which entry | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | | |
| _ | 11 W. Jackson # | 600 | | Line 4.2 | of (Check | Part 1: Creditors with Priority Unsecured Claims | | | | |
| N | lumber Street | | | | one): | Part 2: Creditors with Nonpriority Unsecured Claims | | | | |
| Chicago Illinois 60604 | | | Last 4 digits of | Last 4 digits of account number | | | | | | |
| C | City | State | Zip Code | | | | | | | |

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Debtor 1 Michelle B Massenburg Case number (if known)
First Name Middle Name Last Name

Add the Amounts for Each Type of Unsecured Claim Part 4: 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 **Total claims** 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government 6b. \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$0.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$0.00 **Total claims** 6f. Student loans from Part 2 \$0.00 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims \$0.00 6h. Debts to pension or profit-sharing plans, and other similar 6h. \$14,514.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$14,514.00 6j. Total. Add lines 6f through 6i. 6j.

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| Fill in this information to identify your case: | | | | | | | |
|-------------------------------------------------|------------|-------------|------------------------------|--|--|--|--|
| Debtor 1 | Michelle | В | Massenburg | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy Court for the: | | Northern | District of Illinois (State) | | | | |
| Case number (If known) | | | | | | | |

Official Form 106G

Check if this is an amended filing

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or comp | pany with whom you have | the contract or lease | State what the contract or lease is for |
|-----|----------------------------------------|-------------------------|-----------------------|-----------------------------------------------------------------------------|
| 2.1 | Henry Horner Name 123 N Hoyne Av | ve # 123 | | Residential Lease, Debtor is Lessee, Year to Year - Residential Lease |
| | Number | Number Street | | |
| | Chicago | Illinois | 60612 | |
| | City | State | Zip Code | |

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| Fill | in this infor | mation to identify you | r case: | | |
|------|-----------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Deb | otor 1 | Michelle | В | Massenburg | |
| | | First Name | Middle Name | Last Name | |
| | otor 2 | | | | |
| (Spc | ouse, if filing) | First Name | Middle Name | Last Name | |
| Uni | ited States E | Bankruptcy Court for th | e: Northern | District of Illinois | |
| | | | | (State) | |
| | se number nown) | | | | |
| | | | | | Check if this is an |
| | | | | | amended filing |
| Of | fficial | Form 106H | 1 | | |
| | | | _ | | |
| Sc | hedul | e H: Your Co | odebtors | | 12/15 |
| 1. | Do you ha No Yes Within the | e last 8 years, have y uisiana, Nevada, New N | f you are filing a joint case, do ou lived in a community pro Mexico, Puerto Rico, Texas, W | perty state or territory? (| Community property states and territories include Arizona, California, |
| | | Go to line 3. | | | |
| | | | mer spouse, or legal equiva | lierit live with you at the tir | ne? |
| | | No | | " 0 | |
| | Ш | Yes. In which commu | unity state or territory did yo | ı live? | Fill in the name and current address of that person. |
| | | Name of your spous | e, former spouse, or legal equ | ivalent | |
| | | Number Street | | | <u> </u> |
| | | City | State | Zip Cod | 9 |
| | | - | | · | |
| 3. | | • | | • | your spouse is filing with you. List the person shown in line 2 ave listed the creditor on Schedule D (Official Form 106D), |

Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

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| Fill in this | information to identify | Volir case. | | | | | | |
|------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------|------------------------------------|----------------------------|--------------------------------|------------------------------------------------------|-----------------------------|
| Debtor 1 | Michelle First Name | B Middle Name | Masse Last N | | | _ Che | ck if this is: | |
| Debtor 2 (Spouse, if fi | ling) First Name | Middle Name | Last N | ame | | | An amended filing | |
| | tes Bankruptcy Court for | Northern | District of Illi | | | | A supplement showing posexpenses as of the following | |
| Case numb | oer | | | | | - i | MM / DD / YYYY | |
| Officia | al Form 106I | | | | | | | |
| | lule I: Your In | come | | | | | | 12/15 |
| responsibl informatio spouse. If number (if | le for supplying correct on about your spouse. I | | e married ar d your spous | nd no se is | ot filing jo not filing | intly, and you with you, do | r spouse is living with y not include information | ou, include n about your |
| | your employment | | Debtor 1 | | | | Debtor 2 | |
| attach | nave more than one job, a separate page with ation about additional | Employment status Occupation | Employed Not Employed Patient Access | | | | Employed Not Employed | |
| | e part time, seasonal, or aployed work. | Employer's name | Rush Univ | ersity | / Medical Ce | enter | | |
| Occupa | ation may include student nemaker, if it applies. | Employer's address | | 1653 W Congress Pkwy Number Street | | | Number Street | |
| | | Hambara amalan d | Chicago City 1 year 10 | mont | Illinois State | 60612 Zip Code | - City Sta | ate Zip Code |
| | | How long employed there? | · year re | | | | | |
| Part 2: | Give Details About N | Monthly Income | | | | | | |
| spouse un | nless you are separated. | the date you file this form e more than one employer, et to this form. | • | | | • | r that person on the lines b | |
| | | ary, and commissions (befo | | 2. | For D | \$3,345.20 | For Debtor 2 or non-filing spouse | |
| 3. Estin | nate and list monthly ove | rtime pay. | | 3. | | + \$0.00 | | |
| 4. Calc | ulate gross income. Add l | ine 2 + line 3. | | 4. | | \$3,345.20 | | |

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| Debtor 1 Michelle First Name | | lassenburg ast Name | Case number | r <i>(if</i> | |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------------------------|-----------------------|-----------------------------------|-----------------------------------------|
| HISTNAME | Windle Name | astivanie | known) For Debtor 1 | For Debtor 2 or non-filing spouse | |
| Copy line 4 here | | → 4. | \$3,345.20 | | |
| 5. List all payroll deductions: | | | | | |
| 5a. Tax, Medicare, and Social | Security deductions | 5a. | \$586.04 | | |
| 5b. Mandatory contributions for | or retirement plans | 5b. | \$0.00 | | |
| 5c. Voluntary contributions for | r retirement plans | 5c. | \$0.00 | | |
| 5d. Required repayments of re | • | 5d. | \$0.00 | | |
| 5e. Insurance | | 5e. | \$208.39 | | |
| 5f. Domestic support obligation | ons | 5f. | \$0.00 | | |
| 5g. Union dues | | 5g. | \$0.00 | | |
| · · | | | \$0.00 + | | |
| 6. Add the payroll deductions. Ad +5h. | | - | \$794.43 | | |
| 7. Calculate total monthly take-h | nome pay. Subtract line 6 from line | 4. 7. <u> </u> | \$2,550.77 | | |
| 8. List all other income regularly | received: | | | | |
| 8a. Net income from rental pro business, profession, or far | rm | | | | |
| | property and business showing necessary business expenses, and | 8a | \$0.00 | | |
| 8b. Interest and dividends | | 8b. | \$0.00 | | |
| 8c. Family support payments t dependent regularly receives | hat you, a non-filing spouse, or a | 1 | | | |
| Include alimony, spousal sup divorce settlement, and prop | oport, child support, maintenance, erty settlement. | 8c | \$0.00 | | |
| 8d. Unemployment compensate | tion | 8d | \$0.00 | | |
| 8e. Social Security | | 8e | \$0.00 | | |
| | the value (if known) of any non- eive, such as food stamps (benefits | 8f. | \$0.00 | | |
| 8g. Pension or retirement inco | ome | 8g. | \$0.00 | | |
| 8h. Other monthly income. Sp | ecify: | 8h. + | \$0.00 + | | |
| 9. Add all other income Add lines | 8a + 8b + 8c + 8d + 8e + 8f +8g + | 8h. 9. | \$0.00 | | |
| 10. Calculate monthly income. Ad Add the entries in line 10 for Deb | ld line 7 + line 9. otor 1 and Debtor 2 or non-filing spo | 10. | \$2,550.77 + | | = \$2,550.77 |
| friends or relatives. | butions to the expenses that you numeried partner, members of your beady included in lines 2-10 or amou | nousehold, your d | ependents, your roomn | | |
| Specify: | | | | | 11. + \$0.00 |
| 12. Add the amount in the last co Write that amount on the Summ | olumn of line 10 to the amount in ary of Schedules and Statistical Sun | | | | 12. \$2,550.77 Combined monthly income |
| 13. Do you expect an increase or No. | decrease within the year after y | ou file this form? | | | - |
| Yes. Explain: | | | | | |

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| | | Docu | ment Page 35 of 7 | 7 | |
|---------------------------------|---------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------|-------------------|----------------------------------------------------|
| Fill in this infor | mation to identify you | ur case: | | | |
| Debtor 1 | Michelle First Name | B Middle Name | Massenburg Last Name | Objects Williams | |
| Debtor 2 | | | | Check if this is: | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | An amended filir | ng |
| | ankruptcy Court for t | he: Northern [| District of Illinois (State) | | nowing post-petition chapter 13 he following date: |
| Case number (If known) | - | | | MM / DD / YYYY | , |
| | Form 106c | _ | | | 12/15 |
| information. If (if known). Ans | more space is needower every question. cribe Your House | ed, attach another sheet to this | re filing together, both are equal form. On the top of any addition | | |
| 1. Is this a join | nt case? | | | | |
| ✓ No. Go | to line 2 | | | | |
| Yes. Do | oes Debtor 2 live in | a separate household? | | | |
| | ¬ No | | | | |
| | _ | at file Official Forms 106 L 2 Evpen | nses for Separate Household of Deb | tor 2 | |
| L | | | ises for Separate Flouserfold of Deb | | |
| _ | e dependents? | No | | | |
| Do not list D Debtor 2. | ebtor 1 and | Yes. Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? No. |
| | | | Child | 6 years | ✓ Yes. |
| 2 D a waxa awa | anaa inaluda | | | | V 133. |
| | enses include f people other | No | | | |
| than | = | Yes | | | |
| yourself and dependents | - | 1 | | | |
| Part 2: Estir | nate Your Ongoir | ng Monthly Expenses | | | |
| _ | f a date after the ba | | rou are using this form as a suppl plemental Schedule J, check the | • | • |
| | | n-cash government assistance and it on Schedule I: Your Income | | | Your expenses |
| | or home ownership or the ground or lot. 4 | • | clude first mortgage payments and | | \$380.00 |
| If not incl | uded in line 4: | | | | |

4a

4b.

4c.

4d.

\$0.00

\$0.00

\$0.00

\$0.00

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

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| 6. Willities 6a. \$230. 6 b. Wider, sewer, garbage collection 6b. \$30. 6b. Crielephone, cell phone, Internet, satellite, and cable services 6c. \$105. 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$105. 6c. Cheler, Specify: 6c. \$30. 7. Food and housekeeping supplies 7c. \$625. 8. Childcare and children's education costs 8c. \$30. 9. Clothing, laundry, and dry cleaning 9c. \$125. 10. Personal care products and services 10. \$300. 11. Medical and dental expenses 11. \$805. 12. Transportation, Include gas, maintenance, bus or train fare. 12. \$260. Do not include car payments 12. \$250. 14. Charitable contributions and religious donations 13. \$3. 15. Insurance. 15a. \$3. 15. Insurance. 15b. \$30. 15c. Vehicle insurance deducted from your pay or included in lines 4 or 20. 15c. \$3. 15c. Vehicle insurance. Specify: 15d. \$3. 15c. Vehicle insurance. Specify: 15d. \$3. 15c. Vehicle insurance. Specify: 15d. \$3. 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. <th>First Name</th> <th>Middle Name</th> <th>Last Name</th> <th></th> <th></th> | First Name | Middle Name | Last Name | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------|-----------------------------------------------|-----|---------------|
| 6. Utilities: 6a. \$230. 6a. Electricity, heat, natural gas 6a. \$230. 6b. Water, sewer, garbage collection 6b. \$105. 6b. Chles, Speedly: 6c. \$105. 6c. Chleshoptone, cell phone, Internet, sabellite, and cable services 6c. \$105. 6c. Chleshoptone, cell phone, Internet, sabellite, and cable services 6c. \$105. 7. Food and housekeeping supplies 8. \$0. 8. Childcare and children's education costs 8. \$0. 9. Clothing, laundry, and dry cleaning 9. \$125. 10. Personal care products and services 10. \$510. 11. Medical and dental expenses 11. \$855. 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$260. Do not include car payments 12. \$260. 14. Charitable contributions and religious donations 13. \$0. 15. Installment, clubs, recreation, newspapers, magazines, and books 15. \$0. 15. Life insurance 15. \$0. 15. On thin include insurance deducted from your pay or included in lines 4 or 20. | | | | | Your expenses |
| 68. Electricity, heat, natural gas 6a. \$3.230. 6b. Water, sewer, garbage collection 6b. \$0.50. 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$105. 6d. Other, Specify: 6d. \$0.50. 7. Food and housekeeping supplies 7. \$625. 8. Childcare and children's education costs 8. \$0.90. 9. Clothing, laundry, and dry cleaning 9. \$125. 10. Personal care products and services 10. \$100. 11. Medical and dental expenses 11. \$85. 12. Transportation. Include gas, maintenance, bus or train fare. 10. \$100. 10. Instrument. 13. \$200. 10. Instrument. 13. \$3. 15. Instrument. 15. \$3. 15. Instrument. 15. \$3. 15. Instrument. 15. \$3. 15. Health insurance deducted from your pay or included in lines 4 or 20. \$3. 15. Health insurance. 15. \$3. 15. Health insurance. 15. \$3. 15. Ta | 5. Additional mortgage payments fo | r your residence, such | as home equity loans | 5. | \$0.00 |
| 6b. Water, sewer, gerbage collection 6b. 30. 6c. Telephone, call phone, Internet, satellite, and cable services 6c. \$105. 6d. Other. Specify: 6d. \$0. 7. Food and housekeeping supplies 7. \$625. 8. Childcare and children's education costs 8. \$0. 9. Clothing, Isuandry, and dry cleaning 9. \$125. 10. Personal care products and services 11. \$85. 11. Medical and dental expenses 11. \$85. 12. Transportation. Include gas, maintenance, bus or train fare. 12. \$260. 15. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0. 14. Charitable contributions and religious donations 14. \$0. 15. Insurance. 15 \$0. Do not include insurance deducted from your pay or included in lines 4 or 20. \$0. \$0. 15c. Vehicle insurance 15b \$0. 15c. Vehicle insurance 15c \$0. 15c. Vehicle insurance. \$0. \$0. 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | 6. Utilities: | | | | |
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| 6d. Other. Specify: | 6b. Water, sewer, garbage collection | า | | 6b. | \$0.00 |
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| 8. Childcare and children's education costs 8. \$0. 9. Clothing, laundry, and dry cleaning 9. \$125. 10. Personal care products and services 10. \$100. 11. Medical and dental expenses 12. \$250. 2. Transportation. Include gas, maintenance, bus or train fare. | 6d. Other. Specify: | | | 6d | \$0.00 |
| 9. Clothing, laundry, and dry cleaning 9. \$125. 10. Personal care products and services 10. \$100. 11. Medical and dental expenses 11. \$85. 12. Transportation, Include gars, maintenance, bus or train fare. 12. \$260. Do not include car payments 13. \$0. 14. Charitable contributions and religious donations 13. \$0. 15. Insurance 15a \$0. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a \$0. 15b. Leath insurance 15a \$0. 15c. Vehicle insurance 15c \$10. 15c. Under insurance. Specify: 15d \$0. 15c. Vehicle insurance. 15c \$120. \$0. 15c. Vehicle insurance. 15c | 7. Food and housekeeping supplies | | | 7. | \$625.00 |
| 10. Personal care products and services 10. \$10. 11. Medical and dental expenses 11. \$85. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$260. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0. 14. Charitable contributions and religious donations 14. \$0. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. \$0. 15b. Health insurance 15a \$0. 15c. Vehicle insurance 15a \$0. 15c. Vehicle insurance. 15c \$120. 15c. Vehicle insurance. Specify: 15d \$0. 15d. Other insurance. Specify: 15d \$0. 15d. Other insurance. Specify: 15d \$0. 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0. \$pecify: 17 \$0. 17 Installment or lease payments. 17 \$0. 17. Car payments for Vehicle 1 17a \$0. 17c. Cher. Specify: 17c \$0. 18. Your payments of alimony, maintenance, and support that you did not report | 8. Childcare and children's education | on costs | | 8. | \$0.00 |
| 11. Medical and dental expenses 11. \$85. 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$260. 12. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$0. 14. Charitable contributions and religious donations 14. \$0. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a \$0. 15b. Health insurance 15c \$120. \$15c \$120. 15c. Vehicle insurance 15c \$120. \$0. \$0. 15c. Vehicle insurance. Specify: 15d \$0. \$0. 15c. Vehicle insurance. Specify: 15d \$0. 15c. Vehicle insurance. Specify: 16 \$0. 17c. There insurance. Specify: 17d \$0. 17c. Carp ayments for Vehicle 2 17b \$0. 17c. Other. Specify: 17c <td>9. Clothing, laundry, and dry cleaning</td> <td>ıg</td> <td></td> <td>9.</td> <td>\$125.00</td> | 9. Clothing, laundry, and dry cleaning | ıg | | 9. | \$125.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$260. Do not include car payments 13. \$13. \$13. \$13. \$13. \$14. \$13. \$14. \$15. \$14. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$15. \$1 | 10. Personal care products and serv | vices | | 10. | \$100.00 |
| Do not include a payments 13. 50. 14. Charitable contributions and religious donations 14. 50. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a | 11. Medical and dental expenses | | | 11. | \$85.00 |
| 14. Charitable contributions and religious donations 14. \$0. 15. Insurance. 15. Insurance Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15a. \$0. 15b. Health insurance 15b. \$0. \$0. 15c. Vehicle insurance 15c. \$120. \$0. 15d. Other insurance. Specify: 15d. \$0. \$0. 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0. \$0. Specify: 16 \$0. 17a. Car payments for Vehicle 1 17a. \$0. \$0. 17b. Car payments for Vehicle 2 17b. \$0. \$0. 17c. Other. Specify: 17c. \$0. 17d. \$0. 17c. Other. Specify: 17c. \$0. 17d. \$0. 17c. Other. Specify: 17c. \$0. \$0. 19. Vour payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. \$0. Specify: Current Tuition 19. \$195. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. | | ntenance, bus or train far | re. | 12. | \$260.00 |
| 15. Insurance. | 13. Entertainment, clubs, recreation | n, newspapers, magazi | nes, and books | 13. | \$0.00 |
| Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance | 14. Charitable contributions and rel | igious donations | | 14. | \$0.00 |
| 15b. Health insurance | | from your pay or include | ed in lines 4 or 20. | | |
| 15c. Vehicle insurance 15c \$120. 15d. Other insurance. Specify: | 15a. Life insurance | | | 15a | \$0.00 |
| 15d. Other insurance. Specify: | 15b. Health insurance | | | 15b | \$0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0. Specify: 16 17. Installment or lease payments: 17. 17a. Car payments for Vehicle 1 17a \$0. 17b. Car payments for Vehicle 2 17b \$0. 17c. Other. Specify: 17c \$0. 17d. Other. Specify: 17d \$0. 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. \$0. \$1. Specify: Current Tuition 19. \$195. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a \$0. 20a. Mortgages on other property 20a \$0. 20b. Real estate taxes. 20b \$0. 20c. Property, homeowner's, or renter's insurance 20c \$0. 20d. Maintenance, repair, and upkeep expenses. 20d \$0. | 15c. Vehicle insurance | | | 15c | \$120.00 |
| Specify: | 15d. Other insurance. Specify: | | | 15d | \$0.00 |
| 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: Current Tuition 19. \$195. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0. 20b. Real estate taxes. 20b \$0. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d \$0. | 16. Taxes. Do not include taxes deduc | cted from your pay or inc | cluded in lines 4 or 20. | | |
| 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Other payments you make to support others who do not live with you. Specify: Current Tuition 19. \$195. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0. 20b. Real estate taxes. 20b \$0. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. | Specify: | | | 16 | \$0.00 |
| 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Other payments you make to support others who do not live with you. Specify: Current Tuition 19. S195. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0. 20b. Real estate taxes. 20b \$0. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. | 17. Installment or lease payments: | | | 10 | |
| 17c. Other. Specify: | | | | 17a | \$0.00 |
| 17d. Other. Specify: | 17b. Car payments for Vehicle 2 | | | 17b | \$0.00 |
| 17d. Other. Specify: | 17c. Other. Specify: | | | 17c | \$0.00 |
| your pay on line 5, Schedule I, Your Income (Official Form 106I). 19. Other payments you make to support others who do not live with you. Specify: Current Tuition 19. \$195. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0. 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0. | | | | 17d | \$0.00 |
| 19. Other payments you make to support others who do not live with you. Specify: Current Tuition 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0. 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. | | | • | | \$0.00 |
| Specify: Current Tuition 19. \$195. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20a \$0. 20b. Real estate taxes. 20b \$0. 20c. Property, homeowner's, or renter's insurance 20c \$0. 20d. Maintenance, repair, and upkeep expenses. 20d \$0. | | • | • | 18. | |
| 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0. 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d. Maintenance, repair, and upkeep expenses. | | port others who do no | t live with you. | 19. | \$195.00 |
| 20b. Real estate taxes. 20b. So. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0. | 20.Other real property expenses not | t included in lines 4 or | 5 of this form or on Schedule I: Your Income. | | |
| 20c. Property, homeowner's, or renter's insurance 20c \$0. 20d. Maintenance, repair, and upkeep expenses. 20d \$0. | 20a. Mortgages on other property | | | 20a | \$0.00 |
| 20d. Maintenance, repair, and upkeep expenses. 20d \$0. | 20b. Real estate taxes. | | | 20b | \$0.00 |
| | 20c. Property, homeowner's, or ren | iter's insurance | | 20c | \$0.00 |
| 20e. Homeowner's association or condominium dues 20e \$0. | 20d. Maintenance, repair, and upke | ep expenses. | | 20d | \$0.00 |
| · | 20e. Homeowner's association or c | ondominium dues | | 20e | \$0.00 |

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| Debtor 1 Mich | | В | Massenburg | Case number (if known) | | |
|----------------------|------------------------------|-----------------------|------------------------------------------------------------------|------------------------|-----|-------------|
| First | Name | Middle Name | Last Name | | | |
| 21. Other. Sp | ecify: | | | | 21 | \$0.00 |
| | | | | | _ | |
| | your monthly expenses. | • | | | | \$2,225.00 |
| | ines 4 through 21. | | | \$0.00 | | |
| | line 22 (monthly expenses | | \$2,225.00 | | | |
| 22c. Add I | ine 22a and 22b. The resul | | 22. | | | |
| 23. Calculate | your monthly net income | е. | | | | |
| 23a. Copy | line 12 (your combined m | onthly income) from S | Schedule I. | | 23a | \$2,550.77 |
| 23b. Copy | your monthly expenses from | om line 22 above. | | | 23b | \$2,225.00 |
| | act your monthly expenses | | ncome. | | | \$325.77 |
| The | esult is your monthly net in | ncome. | | | 23c | |
| 24 Do you e | opect an increase or dec | rease in your expen- | ses within the year after yo | u file this form? | | |
| - | | | - | | | |
| | | | oan within the year or do you nodification to the terms of yo | | | |
| | paymont to moreage or as | order states of a r | To amound it is and to me or yo | ar mongagor | | |
| ✓ No | | | | | | |
| Yes | | | | | | |
| _ | Explain here: | | | | | |
| | Explain nele. | | | | | |
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| Fill in this information to identify your case: | | | | | | | |
|-------------------------------------------------|---------------------------|-------------|------------------------------|---|--|--|--|
| Debtor 1 | Michelle | В | Massenburg | | | | |
| | First Name | Middle Name | Last Name | _ | | | |
| Debtor 2 | | | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | _ | | | |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois (State) | _ | | | |
| Case number (If known) | | | | _ | | | |

Official Form 106Dec

Check if this is an amended filing

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

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| Fill in this i | information to identify your | case: | | | | | |
|------------------------------|----------------------------------------------------------------------------------------------------|--------------------------|----------------------------|--------------------|---------------|------------------|-----------------------------------|
| Debtor 1 | Michelle | В | Massen | burg | | | |
| Dobtor 0 | First Name | Middle Na | me Last Na | me | | | |
| Debtor 2 (Spouse, if fili | ing) First Name | Middle Na | me Last Na | me | | | |
| United Sta | tes Bankruptcy Court for the | e: Northern | District of Illin | | | | |
| Case num (If known) | ber | | (St | ate) | | | |
| Officia | al Form 107 | | | | | | Check if this is a amended filing |
| Staten | nent of Financi | al Affairs fo | r Individuals | Filing for | Bankru | ptcy | 04/1 |
| Be as con information | nplete and accurate as p on. If more space is nee f known). Answer every | ossible. If two man | ried people are filing | together, both | are equally r | esponsible for s | |
| Part 1: | Give Details About You | ır Marital Status aı | nd Where You Live | d Before | | | |
| 1. Wha | at is your current marital : | status? | | | | | |
| | Married Not married | | | | | | |
| 2. Duri | ing the last 3 years, have | vou lived anvwhere o | other than where you | live now? | | | |
| ✓ | No Yes. List all of the places | you lived in the last 3 | years. Do not include | where you live n | now. | | |
| | Debtor 1: | | Dates Debtor 1 lived there | Debtor 2: | | | Dates Debtor 2 lived there |
| | | | | Same as | Debtor 1 | | Same as Debtor 1 |
| | Number Street | | From | Number Stree | et | | From |
| | City State | Zip Code | | City | State | Zip Code | |
| - | | | | Same as | Debtor 1 | | Same as Debtor 1 |
| | Number Street | | From | Number Stree | et | | From |
| | City State | Zip Code | | City | State | Zip Code | |
| and te | n the last 8 years, did you erritories include Arizona, Ca No 'es. Make sure you fill out | lifomia, Idaho, Louisiar | na, Nevada, New Mexic | o, Puerto Rico, Te | | | ommunity property states |

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| Debt | or 1 | Michelle B | Masse | | number (if known) | |
|-------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------|
| | | | e Name Last Na | ime | | |
| Part | 2: | Explain the Sources of Your In | come | | | |
| | Fill i | you have any income from employm n the total amount of income you receivities. If you are filing a joint case and you No Yes. Fill in the details. | ved from all jobs and all bus | inesses, including part-time | | ears? |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | om January 1 of current year until e date you filed for bankruptcy: | ✓ Wages, commissions, bonuses, tips ✓ Operating a business | \$21800.00 | Wages, commissions, bonuses, tips Operating a business | |
| | | or last calendar year: anuary 1 to December 31, 2017) YYYY | ✓ Wages, commissions, bonuses, tips✓ Operating a business | \$27000.00 | Wages, commissions, bonuses, tips Operating a business | |
| | | or the calendar year before that: anuary 1 to December 31, 2016) YYYY | ✓ Wages, commissions, bonuses, tips ✓ Operating a business | \$29000.00 | Wages, commissions, bonuses, tips Operating a business | |
| l F f | nclu bubl iling ist | you receive any other income during ide income regardless of whether that is ic benefit payments; pensions; rental in a joint case and you have income that each source and the gross income from No Yes. Fill in the details. | ncome is taxable. Examples come; interest; dividends; m you received together, list it | of other income are alimony noney collected from lawsuit only once under Debtor 1. | ts; royalties; and gambling and lo | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| | | rom January 1 of current year until ne date you filed for bankruptcy: | | | | |
| | | or last calendar year: lanuary 1 to December 31, 2017) YYYY | | | | |
| | | or the calendar year before that: lanuary 1 to December 31, 2016) YYYY | Food/ link | \$2,200.00 | | |
| | | | | | | |

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Debtor 1 Michelle Massenburg Case number (if known) First Name Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Was this payment Dates of payment Total amount paid Amount you still owe for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City Suppliers or State Zip Code

vendors
Other

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| or 1 | Michelle | В | | assenburg | Case number | (if known) |
|-------------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------|----------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------|
| | First Name | Middle Name | Las | st Name | | |
| nsi orp ige | porations of which you | es; any general partner are an officer, director, pusiness you operate a | s; relatives of any person in control, | general partners; part or owner of 20% or | nerships of which y more of their voting | who was an insider? ou are a general partner; g securities; and any managing domestic support obligations, |
| ✓ | No | a da ana inalistan | | | | |
| | Yes. List all payments | s to an insider. | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| | Insider's Name | | | | | |
| | Number Street | | | | | |
| | City State | Zip Code | | | | |
| | Insider's Name | | | | | |
| | Number Street | | | | | |
| | City State | Zip Code | | | | |
| insi | hin 1 year before you der? ude payments on debts No Yes. List all payments | guaranteed or cosign | ed by an insider. sider. Dates of | Total amount | Amount you | n account of a debt that benefited an Reason for this payment |
| | | | payment | paid | still owe | Include creditor's name |
| | Insider's Name | | | | | |
| | Number Street | | | | | |
| | | | | | | |
| _ | City State | Zip Code | | | | |
| - | City State Insider's Name | Zip Code | | | | |
| - | | Zip Code | | | | |
| - | Insider's Name | | | | | |

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Debtor 1 Michelle Massenburg Case number (if known) First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code

Property was attached, seized, or levied.

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| Debt | or 1 | Michelle | В | Massenburg | Case number (if known) | | |
|------|----------|-------------------------------------------------------------------|----------------------|-------------------------------------------------|----------------------------|--------------------------|--------------------|
| | | First Name | Middle Name | Last Name | _ | | |
| 11. | | thin 90 days before you filed fo counts or refuse to make a pa | | ny creditor, including a bank o owed a debt? | r financial institution, s | set off any amou | nts from your |
| | ✓ | No Yes. Fill in the details. | | | | | |
| | ш | 100. Till ill tilo dottallo. | | | | | |
| | | | | Describe the action the cred | litor took | Date action was taken | Amount |
| | | Creditor's Name | | | | | |
| | | Number Street | | | | | |
| | | | | Last 4 digits of account number | er: XXXX- | | |
| | | City State | Zip Code | | | | |
| 12. | | hin 1 year before you filed for pointed receiver, a custodian, | | y of your property in the posses | ssion of an assignee for | the benefit of c | reditors, a court- |
| | V | No | | | | | |
| | | Yes | | | | | |
| Part | 5: | List Certain Gifts and Cor | ntributions | | | | |
| 13. | Wi | ithin 2 years before you filed fo | or bankruptcy, did y | ou give any gifts with a total va | alue of more than \$600 | per person? | |
| | ✓ | No Yes. Fill in the details for eac | ch aift. | | | | |
| | | Gifts with a total value of me per person | _ | Describe the gifts | | Dates you gave the gifts | Value |
| | | | | | | | |
| | | Person to Whom You Gave the | e Gift | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| | | Person's relationship to you | Zip Gode | | | | |
| | | | | | | | |
| | | Person to Whom You Gave the | e Gift | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| | | Person's relationship to you | | | | | |

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| Deb | tor 1 | Michelle | В | Massenburg | Case number (if know | n) | |
|------|-------|-------------------------------------------------------------------------------|-------------------------|------------------------------------------------------------------------------------------------------|------------------------------|----------------------|------------------------|
| | | First Name | Middle Name | Last Name | | | |
| 14. | Wit | hin 2 y ears before you file No | ed for bankruptcy, did | you give any gifts or contribu | tions with a total value o | of more than \$600 | to any charity? |
| | П | Yes. Fill in the details for | each gift or contributi | on. | | | |
| | | Gifts or contributions to that total more than \$66 | charities | Describe what you contri | buted | Date you contributed | Value |
| | | Charity's Name | | - | | | |
| | | Number Street | | - | | | |
| | | City State | Zip Code | | | | |
| Pari | 6. | List Certain Losses | | | | | |
| | gam | No Yes. Fill in the details. Describe the property you how the loss occurred | ou lost and | Describe any insurance of Include the amount that inspending insurance claims of A/B: Property. | surance has paid. List | Date of your loss | Value of property lost |
| | | | | | | | |
| | | List Certain Payments | | | | | |
| | abo | ut seeking bankruptcy o | r preparing a bankrup | vou or anyone else acting on y tcy petition? or credit counseling agencies for a period transferred | services required in your ba | | Amount of payment |
| | | Semrad Law Firm | | Attornavia Foo 0.00 | | | \$0.00 |
| | | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street | | Attorney's Fee - 0.00 | | 7/14/2018 | \$0.00 |
| | | 28th Floor | | | | | |
| | | Chicago Illinois City State | 60603 Zip Code | | | | |
| | | Email or website address | | | | | |
| | | Person Who Made the Page | yment, if Not You | | | | |
| | | Person Who Was Paid | | | | | |
| | | Number Street | | | | | |
| | | City State | Zip Code | | | | |
| | | Email or website address | | . | | | |
| | | ziiiaii oi woodito dadiooo | | | | | |

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| | Michelle | В | Massenburg | Case number (| TI KIIOWII) | |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------|---------------------|--------------------------------------------------|-------------------------------------|
| | First Name | Middle Name | Last Name | | | |
| he | ithin 1 year before you filed for Plp you deal with your creditor onot include any payment or tran | s or to make paym | | ur behalf pay or tr | ansfer any property to an | nyone who promised |
| ∠ | No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | | | Description and value of a transferred | ny property | Date payment or transfer was made | Amount of payment |
| | Person Who Was Paid | | | | | |
| | Number Street | | | | | |
| | | | | | | |
| | City State | Zip Code | | | | |
| <u> </u> | No Yes. Fill in the details. | | Description and value of protransferred | | ibe any property or ents received or debts pa | Date id transfer was |
| | | | | | hange | made |
| | Person Who Received Transfe | er | | | | |
| | Number Street | | | | | |
| | City State Person's relationship to you | Zip Code | | | | |
| | - W B : IT (| | | | | |
| | Person Who Received Transfe | er | • | | | |
| | Number Street | er | | | | |
| | | Zip Code | | | | |
| be | Number Street City State Person's relationship to you | Zip Code for bankruptcy, di | d you transfer any property to a | self-settled trust | or similar device of whic | h you are a |
| be | Number Street City State Person's relationship to you ithin 10 years before you filed eneficiary? hese are often called asset-protect | Zip Code for bankruptcy, di | d you transfer any property to a | self-settled trust | or similar device of whic | h you are a |
| be | Number Street City State Person's relationship to you ithin 10 years before you filed meficiary? hese are often called asset-protect | Zip Code for bankruptcy, di | d you transfer any property to a Description and value of t | | | h you are a Date transfer was made |

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Debtor 1 Michelle В Massenburg Case number (if known) First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred Bank of America Checking XXXX-0001 1/2018 \$ 30.00 Person Who Was Paid Savings P.O. Box 25118 Number Street Money market Brokerage Florida 33622 Tampa Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? **∏** Nο Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No

| _ | Who else had access to it? | Describe the contents | Do you still have it? |
|--------------------------|----------------------------|-----------------------|-----------------------|
| Name of Storage Facility | Name | | ☐ No |
| Number Street | Number Street | _ | Yes |
| | City State Zip Code | - | |

City

Yes. Fill in the details.

State

Zip Code

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Debtor 1 Michelle Massenburg Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **✓** No Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code City State Zip Code **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Date of Environmental law, if you know it notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code Zip Code State 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code City State Zip Code

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| Deb | tor 1 | Michelle | B | | Massenburg | Case | number <i>(ii</i> | fknown) | |
|------|----------|----------------------------|-------------------------------------------------------|-------------------|-------------------------|--------------------|-------------------|-------------------------------------------------|--------------------|
| | | First Name | Middle Name | | Last Name | | | | |
| 26. | Hav | e you been a party | in any judicial or admi | nistrativ | e proceeding under | any environment | tal law? In | clude settlements and ord | lers. |
| | | No Yes. Fill in the det | ails. | | | | | | |
| | | | | Cou | rt or agency | | Nature (| of the case | Status of the case |
| | | Case title | | | | | | | Pending |
| | | | | | rt Name | | | | On appeal |
| | | Case number | | | nberStreet | | | | Concluded |
| Daw! | . | Givo Dotoilo Ak | out Your Pusiness o | Conn | State | Zip Code | | | |
| Part | | | oout Your Business o | | - | | | | |
| 27. | Wit | - | | - | | - | | onnections to any busines | s? |
| | | | etor or self-employed in a limited liability compa | | - | - | ıll-time or p | oart-time | |
| | | A partner in a | | .y (LLO) | or invited liability pe | | | | |
| | | | ector, or managing exe | | · · | | | | |
| | | An owner of a | at least 5% of the voting | or equit | y securities of a corp | ooration | | | |
| | ✓ | | bove applies. Go to Par | | | | | | |
| | Ш | Yes. Check all tha | at apply above and fill in | the deta | Describe the natu | | | Employer Identification | number De not |
| | | | | | Describe the nati | ire of the busines | 55 | include Social Security | |
| | | Business Name | | | | | | EIN: | |
| | | Number Street | | | Name of account | ant or bookkeepe | er | Dates business existed | |
| | | City | State Zip Code | | | | | From To | |
| | | | | | | | | | |
| | | | | | Describe the natu | ure of the busines | SS | Employer Identification include Social Security | |
| | | Business Name | | | | | | EIN: | |
| | | Number Street | | | | | | Dates business existed | |
| | | City | State Zip Code | <u> </u> | Name of account | ant or bookkeepe | er | From To | |
| | | • | · | | | | | | |
| | | | | | | | | | |
| | | | | | Describe the natu | ire of the busines | ss | Employer Identification include Social Security | |
| | | Business Name | | | | | | EIN: | |
| | | Number Street | | | Name of account | ant or bookkeepe | er | Dates business existed | |
| | | City | State Zip Code | , | | • | | From To | |
| | | | | | | | | | |

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| Debt | or 1 Michelle | | В | Massenburg | Case number (if known) |
|----------|-------------------|---------------------|--------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | First Name | | Middle Name | Last Name | |
| 28. | creditors, or ot | | ^r bankruptcy, did y | ou give a financial stateme | nt to anyone about your business? Include all financial institutions, |
| | | | | Date issued | |
| | | | | Date Issueu | |
| | Name | | | MM/DD/YYYY | |
| | Number 3 | Street | | _ | |
| | City | State | Zip Code | _ | |
| Part | 12: Sign Belo | w | | | |
| t | rue and correct. | . I understand that | making a false st | atement, concealing prope | ents, and I declare under penalty of perjury that the answers are rty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
| | × | /s/ Michelle Mas | ssenhura | | × |
| | | Signature of Debtor | | | Signature of Debtor 2 |
| | | Date 7/16/2018 | | | Date |
| | Did you attach a | dditional pages to | Your Statement o | f Financial Affairs for Indivi | duals Filing for Bankruptcy (Official Form 107)? |
| Į. | √ No | | | | |
| Ī | Yes | | | | |
| | Did you pay or ag | gree to pay someo | ne who is not an a | ttorney to help you fill out b | pankruptcy forms? |
| <u> </u> | ✓ No | | | | |
| | Yes. Name of | person | | | Attach the Bankruptcy Petition Preparer's Notice, |

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

| | | Northern Distric | t or illinois | |
|-------|-------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------|------------------------------|
| re | Michelle B Massenburg | | Case No. | |
| | Debtor | | | (If known) |
| | | | Chapter | Chapter 13 |
| | DISCLOSURE OF | COMPENSATIO | N OF ATTORNEY F | OR DEBTOR |
| C | ursuant to 11 U.S.C. § 329(a) and Formpensation paid to me within one endered on behalf | year before the filing of the p | etition in bankruptcy, or agreed to | be paid to me, for services |
| F | or legal services, I have agreed to ac | cept | | \$4,000.00 |
| Р | rior to the filing of this statement I h | ave received | | \$0.00 |
| В | alance Due | | | \$4,000.00 |
| 2. T | ne source of the compensation paid | to me was: | | |
| | ✓ Debtor | Other (specify) | | |
| 3. T | ne source of the compensation paid | to me is: | | |
| | ✓ Debtor | Other (specify) | | |
| 4. | I have not agreed to share the abomembers and associates of my la | | with any other person unless the | y are |
| | | firm. A copy of the agreeme | h a other person or persons who a nt, together with a list of the name | |
| 5. ln | return for the above-disclosed fee, a. Analysis of the debtor's finance bankruptcy; | | service for all aspects of the bank advice to the debtor in determinin | |
| | b. Preparation and filing of any p | petition, schedules, statemen | its of affairs and plan which may b | pe required; |
| | c. Representation of the debtor | at the meeting of creditors ar | nd confirmation hearing, and any a | adjourned hearings thereof; |
| | d. Representation of the debtor i | n adversary proceedings and | d other contested bankruptcy mat | ters; |
| 6. B | y agreement with the debtor(s), the a | above-disclosed fee does no | t include the following services: | |
| | | | | |
| | | CERTIFICA | ATION | |
| | rtify that the foregoing is a complete s) in this bankruptcy proceedings. | e statement of any agreemen | t or arrangement for payment to n | ne for representation of the |
| | 7/16/2018 | | /s/ Mike Miller | |
| | Date | | Signature of Attorney | - |
| | | | Semrad Law Firm | |
| | - | | Name of law firm | |

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT

| ** | | Northern Di | istrict of Illinois | | |
|------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------|-----------------------|-------------------------------|
| ı re | Michelle B Massenburg | | | Case No. | |
| _ | Debtor | | | | (If known) |
| | | | | Chapter | Chapter 13 |
| | DISCLOSURE OF C | OMPENSAT | TON OF ATT | ORNEY FO | OR DEBTOR |
| 1. | . Pursuant to 11 U.S.C. § 329(a) and Fer compensation paid to me within one your rendered or to be rendered on behalf or | ear before the filing of | the petition in bankru | uptcy, or agreed to I | be paid to me, for services |
| | For legal services, I have agreed to acco | ept | * | | \$4,000.00 |
| | Prior to the filing of this statement I ha | ave received | | | \$0.00 |
| | Balance Due | | | | \$4,000.00 |
| 2 | . The source of the compensation paid t | to me was: | | | 7 |
| | ✓ Debtor | Other (spe | ecify) | | |
| 3 | . The source of the compensation paid t | to me is: | | | |
| | ✓ Debtor | Other (spe | ecify) | | |
| 4 | I have not agreed to share the aboundary members and associates of my law | ve-disclosed compens v firm. | sation with any other | person unless they | are |
| | I have agreed to share the above-or members or associates of my law the people sharing in the compens | firm. A copy of the agr | | | |
| 5 | . In return for the above-disclosed fee, I | have agreed to render | r legal service for all as | spects of the bankru | uptcy case, including: |
| | a. Analysis of the debtor's financi bankruptcy; | ial situation, and rende | ering advice to the del | btor in determining | whether to file a petition in |
| | b. Preparation and filing of any pe | etition, schedules, stat | tements of affairs and | plan which may be | required; |
| | c. Representation of the debtor at | t the meeting of credit | ors and confirmation | hearing, and any ac | djourned hearings thereof; |
| | d. Representation of the debtor in | າ adversary proceedinຸ | gs and other conteste | d bankruptcy matte | ers; |
| 6 | . By agreement with the debtor(s), the ab | bove-disclosed fee do | es not include the foll | lowing services: | |
| | | | | | |
| | | CERT | TIFICATION | | |
| | I certify that the foregoing is a complete tor(s) in this bankruptcy proceedings. | statement of any agre | eement or arrangemen | t for payment to me | e for representation of the |
| | 7/14/2018 | | /s/ M | like Miller | |
| | Date | | Signatur | re of Attorney | |
| | | | Semra | d Law Firm | |
| | - | - | | of law firm | |



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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

 Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

 However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor.* If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$353.23
- 3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$4,000.00; and \$43.23 for expenses, leaving a balance due of \$4,353.23
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: | 7/14/2018 | | | |
|----------|-----------------------|-----|------------------------|------|
| Signed: | Mil | 000 | | |
| /s/ Mich | elle Massenburg // // | luh | | |
| | | . 0 | /s/ Mike Miller | |
| Debtor(s | 8) | | Attorney for Debtor(s) | |

Do not sign if the fee amounts at top of this page are blank.

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THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28th Floor Chicago, IL 60603 (312) 913-0625

Re: Agreement Regarding Priority Treatment of The Semrad Law Firm LLC's Fees and Expenses

Dear Michelle Massenburg,

Thank you for choosing The Semrad Law Firm LLC (the Firm) to represent you in connection with your Chapter 13 bankruptcy case. In addition to the terms contained in the Court Approved Retention Agreement (CARA) it is our policy to confirm in writing how and when the Firm's fees and expenses will be paid. If there are any terms contained in this document that are in conflict with CARA, those terms are void.

Aside from any initial retainer that you pay the Firm, you will be required to pay the Firm's fees and expenses through the Chapter 13 plan after it is approved by the Bankruptcy Court. Each month, you will pay the Trustee the amount stated in your Chapter 13 plan. The Trustee will then disburse that money out according to the provisions of your plan to the Firm and other creditors.

The model Chapter 13 plan gives fourth priority to attorneys' fees, after the Trustee's fees, current mortgage payments, and payments to secured creditors listed in Section 3.1, 3.2, or 3.3 (for example, payments due to lenders on a loan to purchase a car, furniture, appliance or other item of personal property). The Firm intends to alter this priority scheme by modifying the model Chapter 13 plan to provide for payment of the Firm's attorney's fees and costs before any payments are made to your other creditors. That means that the money you send to the Trustee each month will first be paid to the Firm and not to pay the claims of your other creditors until the Firm's fees and expenses are paid in full. Such claims of other creditors include your car note, other financed personal property, parking tickets, taxes, and any claims of other creditors that may be included in your plan.

Aside from the Firm's commitment to perform any and all work reasonably necessary to represent you in this bankruptcy case without requiring you to pay a substantial amount of the fees and expenses up front, there is no benefit to you from this priority treatment of the Firm's fees and expenses. Furthermore, this arrangement presents certain risks. In the event that your case is dismissed before completion of the plan or if you decide to convert your case to a case under Chapter 7, it is likely that the Firm's attorneys' fees will have been paid while little of your other debts are paid.

In addition, there is the possibility that a creditor or the Trustee may object to the Firm being paid under this altered priority arrangement. In the event of such an objection, the Firm may lower that amount that the Firm will receive each month and increase the

THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28th Floor Chicago, IL 60603 (312) 913-0625

monthly payment to such creditor in order to resolve the objection. However, creditors may seek to recover additional attorneys' fees as a result of any such objection and you may be required to pay the creditors' additional attorneys' fees over time through the Chapter 13 Plan.

A Chapter 13 plan will be filed on your behalf to repay your creditors. Your Chapter 13 plan payment will be \$325.00 at the time of filing. This monthly Chapter 13 plan payment can be subject to change during your case. Included within this monthly plan payment is the Firm's compensation for representing you during the Chapter 13. You will be paying the Firm an attorney fee of \$4,000.00, with an initial down payment of \$0.00.

Within the Chapter 13 plan payment, you will be paying back your creditors and the Firm's attorney fees:

- 1. The trustee will be paid an estimated 6% of the plan payment.
- 2. The Firm's fees will be paid at approximately \$183.00/mo.
- 3. Prestige Financial will be paid \$6,675.00 at 6.25% APR at a fixed monthly payment of \$112.00/ per month.
- 4. Progressive Leasing will be paid \$600.00 at 3.25% APR at a fixed monthly payment of \$10.00/ per month. Commencing on or before August 2020 the payment to Progressive Leasing will increase to \$27.00 per month.
- 5. General Unsecured Creditors will be paid 10% pro-rata after all other creditors.

If you do not wish to pay the Firm's attorneys' fees and expenses ahead of your creditors as set forth above, you have the following options:

- A. You can elect to pay the Firm an upfront retainer of \$1,500 prior to filing your case and elect for the plan to pay your car note (and/or other claims secured by personal property) and mortgage arrears in equal set monthly payments along with the Firm's fees and expenses; or
- B. You can seek representation by another firm under a different payment arrangement.

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THE SEMRAD LAW FIRM

Attorneys & Counselors at Law 20 S. Clark, 28th Floor Chicago, IL 60603 (312) 913-0625

Please carefully review this letter. If the terms are not consistent with your understanding of our engagement in any respect or if you have any questions concerning the same, please notify us promptly. You can also seek advice from other counsel regarding your rights under this arrangement. Firm policy and a prior court order require that we receive confirmation of your acceptance of these terms in the form of your signature at the bottom of this letter. Please return the signed copy to the Firm as soon as possible.

Very Truly Yours,

THE SEMRAD LAW FIRM LLC

Accepted:

Michelle Massenburg

Date: 7/14/2018

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UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

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6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

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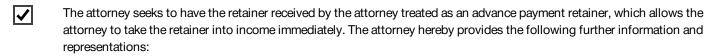
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.



- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

 Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

 However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. *Discharge of the attorney*. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$353.23
- 3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$4,000.00; and \$43.23 for expenses, leaving a balance due of \$4,353.23
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: | //16/2018 | |
|----------|-----------------|------------------------|
| Signed: | | |
| /s/ Mich | elle Massenburg | |
| | | /s/ Mike Miller |
| Debtor(s | 3) | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

| | \$245 | filing fee |
|---|-------|--------------------|
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

| | \$1,167 | filing fee |
|---|---------|--------------------|
| + | \$550 | administrative fee |
| | \$1,717 | total fee |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$275 | total fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$200 | filing fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| In re: | Massenburg, Michelle B | Case No | |
|-----------------|-----------------------------------------------|-----------------------------------------------------------|-------------------------------------|
| | Debtor(s) | Chapter | Chapter13 |
| | VERIFICA | TION OF CREDITOR MAT | RIX |
| TI knowledge | he above named Debtors hereby verify th e. | at the attached list of creditors is tru | ue and correct to the best of their |
| Date: | 7/16/2018 | /s/ Massenburg, N Massenburg, Mic Signature of Debt | helle B |

HARVARD COLLECTION SER 4839 ELSTON AVE CHICAGO, IL, 60630

ENHANCED RECOVERY CO L 8014 BAYBERRY RD JACKSONVILLE, FL, 32256

CREDENCE RESOURCE MANA 17000 DALLAS PKWY STE 20 DALLAS, TX, 75248

PRESTIGE FNL PO Box 26707 Salt Lake City, UT, 84126

UIC Medical Center 7220 Solutions Ctr Chicago, IL, 60677

Rush Hospital 1426 W Washington Blvd Chicago, IL, 60607

Peoples Gas PO BOX 2968 Milwaukee, WI, 53201

ComEd 1919 Swift Drive Oak Brook, IL, 60523

City of Chicago - Parking and red Light Tickets 121 N. LaSalle Street Chicago, IL, 60602

Arnold Scott Harris 111 W. Jackson # 600 Chicago, IL, 60604

Progressive Leasing 256 W Data Dr Draper, UT, 84020 Brothers Loan and Finance 7621 63rd St, Summit Summit Argo, IL, 60501

IL Lending Corp 813 E Rollins Rd Round Lk Bch, IL, 60073

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| Debtor 1 Michelle First Name | B Middle Name | Massenburg Last Name | Case number (if known) | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| | estions for Reporting Purpose | | | |
| 16. What kind of debts do you have? | 16a. Are your debts primaril "incurred by an individu No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primaril money for a business or No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts y | ly consumer debts? Contain an entire debts? Contain an entire debts? Bus investment or through | al, family, or household siness debts are debts the the operation of the bus | purpose." at you incurred to obtain iness or investment. |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | | er 7. Do you estimate that | after any exempt property distribute to unsecured cre | is excluded and administrative editors? |
| 18. How many creditors do you estimate that you owe? | ✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999 | 1,000-5,00 5,001-10,0 10,001-25, | 00 | 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$10,000,00 \$50,000,00 | -\$10 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| 20. How much do you estimate your liabilities to be? Part 7: Sign Below | | \$10,000,00 \$50,000,00 | -\$10 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| CASE RESIDEN | I have examined this notition | and I declare under pen | alty of parium, that the in | formation provided is true and |
| For you | correct. If I have chosen to file under Coof title 11, United States Code under Chapter 7. If no attorney represents me a out this document, I have obtained in accordance of I understand making a false state. | Chapter 7, I am aware the I understand the relie and I did not pay or agree ained and read the notice with the chapter of title atement, concealing procase can result in finest | at I may proceed, if eligit f available under each ch e to pay someone who is be required by 11 U.S.C. 11, United States Code, operty, or obtaining mon | ole, under Chapter 7, 11,12, or 13 apter, and I choose to proceed s not an attorney to help me fill § 342(b). specified in this petition. |
| | Signature of Debtor 1 | | Signature of Debto | r 2 |
| | Executed on | DD / YYYY | Executed on | MM / DD / YYYY |

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| Fill in this infor | mation to identify your c | ase: | |
|---------------------------|---------------------------|-------------|------------------------------|
| Debtor 1 | Michelle | В | Massenburg |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States E | Bankruptcy Court for the: | Northern | District of Illinois (State) |
| Case number (If known) | | | (Olato) |

Official Form 106Dec

| ٦ | Check | if | this | is | ar |
|---|-------|----|--------|----|----|
| - | amend | le | d fili | าต | |

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Part 1: Sign Below | | ¥. | | | |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----|--|--|--|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | | |
| ✓ No | ✓ No | | | | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | |
| | | | | | |
| | | | | | |
| Under penalty of perjury, I declare that have read the summar | ry and schedules filed with this declaration and | | | | |
| that they are true and correct. | y and softedures filed with this declaration and | | | | |
| ★ /s/ Michelle Massenburg | * | ě | | | |
| Signature of Debtor 1 | Signature of Debtor 2 | | | | |
| Date 7/14/2018 MM/DD/YYYY | Date MM/DD/YYYY | | | | |

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| Debtor | 1 Michelle | В | Massenburg | Case number (if known) | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------|---------------------------------------------------------------------------------------------------|--|--|
| | First Name | Middle Name | Last Name | | | |
| | within 2 years before you file reditors, or other parties. No Yes. Fill in the details belo | | u give a financial stateme | nt to anyone about your business? Include all financial institutions, | | |
| | | | Date issued | | | |
| | Name | | MM/DD/YYYY | | | |
| | Number Street | | | | | |
| | City State | Zip Code | - | | | |
| Part 12 | 2: Sign Below | | | | | |
| tru | I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Signature of Debtor 1 Signature of Debtor 2 | | | | | |
| | Date 7/14/201 | 8 | | Date | | |
| Did | Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | | | | | |
| ✓ | No Yes | | | | | |
| Did | Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? | | | | | |
| | No | | | | | |
| Ϊ | Yes. Name of person | | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | |

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UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

| e. | Debtor(s) | Case No | |
|-----------------|-----------|--------------------------------------------------|---------------------------------------|
| | | Chapter. | Chapter13 |
| | VERIF | FICATION OF CREDITOR MATE | RIX |
| Tł knowledge | | rify that the attached list of creditors is true | and correct to the best of their |
| Date: | 7/14/2018 | /s/ Massenburg, M | ichelle B Middell |
| | - | Massenburg, Mich Signature of Debto. | · · · · · · · · · · · · · · · · · · · |

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| Debt | or 1 M | ichelle rst Name | B Middle Name | Massenburg Last Name | | Case number (if known) | |
|-----------|----------------|----------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------|---------------|--------------------------------------------------------------------------------------------------|--------------------|
| 16 | | | ly income that applies to yo | | tonn | | |
| 10. | | Fill in the state in which | | Illinois | ieps. | | |
| | | | | illinois 0 | | | |
| | | Fill in the number of peo | | 2 | | | # 00 007 00 |
| | | Fill in the median family household | income for your state and siz | | find a list o | of applicable median income amounts, go onl | \$68,687.00 |
| | | using the link specified i | in the separate instructions fo | | | be available at the bankruptcy clerk's office. | ine |
| 17. | How | do the lines compare? | ? | | | | |
| | 17a. | Line 15b is less tha under 11 U.S.C. § | n or equal to line 16c. On the 1325(b)(3). Go to Part 3. Do | top of page 1 of t NOT fill out <i>Calcu</i> | this form, o | check box 1, <i>Disposable income is not detern</i> hisposable Income (Official Form 122C-2). | nined |
| | 17b. | U.S.C. § 1325(b)(3) | | alculation of Dis | | 2, Disposable income is determined under 1 ncome (Official Form 122C-2). On line 39 o | |
| Part | 3: C | alculate Your Com | mitment Period Under 1 | 1 U.S.C. §1325 | 5(b)(4) | | |
| 18. | Сору | your total average mo | onthly income from line 11. | | | | \$3,414.06 |
| 19. | | | | | | ling with you, and you contend that calculatin ouse's income, copy the amount from line 13 | |
| | 19a. | If the marital adjustment | t does not apply, fill in 0 on lir | ie 19a. | | | -\$0.00 |
| | 19b. | Subtract line 19a from | line 18. | | | | \$3,414.06 |
| 20. | Calcu | ılate your current mor | nthly income for the year. F | ollow these steps: | | | |
| | 20a. | Copy line 19b. | | | | | \$3,414.06 |
| | | Multiply by 12 (the num | ber of months in a year). | | | | x 12 |
| | 20b. | The result is your curren | at monthly income for the year | for this part of the | e form. | | \$40,968.72 |
| | 20c. | Copy the median family | income for your state and siz | e of household fro | om line 16d | | \$68,687.00 |
| 21. | How | do the lines compare? | • | | | | |
| | | ine 20b is less than line ommitment period is 3 y | 20c. Unless otherwise ordere years. Go to Part 4. | d by the court, on | the top of | f page 1 of this form, check box 3, The | |
| | ☐ ^L | ine 20b is more than or , <i>The commitment perio</i> | equal to line 20c. Unless oth od is 5 years. Go to Part 4. | erwise ordered by | the court, | on the top of page 1 of this form, check box | |
| Part | 4: Si | ign Below | | | | | |
| 155 7 100 | | | ^ | | | | |
| | В | y signing here, I declare | under penalty of perjury that | the information or | n this state | ment and in any attachments is true and corre | ect. |
| | | /s/ Michelle Mass | Mairlah | WIA | x | | |
| | | Signature of Debtor 1 | 1000 | <u> </u> | - | ure of Debtor 2 | |
| | | digitatare of Debter | | 1 | Oigitate | are of Debtor 2 | |
| | | Date 7/14/2018 MM/DD/YYYY | | | Date I | MM/DD/YYYY | |
| | If | | IOT fill out or file Form 122C- ut Form 122C-2 and file it wit | | e 39 of tha | at form, copy your current monthly income fro | om line 14 |